

Suicide and accidental drug overdose remain major problems in Utah; however, neither have increased since the onset of the COVID-19 pandemic*

Despite observed increases in other states and nationally, suicides and drug overdoses have not increased in Utah during the COVID-19 pandemic.

Key Findings

SUICIDE DEATH

There was no change in the number of Utahns who died by suicide since the COVID-19 pandemic began, March 2020 through June 30, 2021. The number of Utahns who died by suicide remained high and has not significantly changed since 2015. There were also no observed changes in the number of Utahns who died by suicide in any age group.

See Figures 1 and 2.

SUICIDE ATTEMPT

The number of Utahns who went to an emergency department for a non-fatal suicide attempt from January 1, 2020 through August 28, 2021 did not change significantly.

See Figure 3.

SUICIDAL IDEATION

The number of Utahns who went to an emergency department for having thoughts of suicide did not change significantly between January 2020 and August 2021. Within age groups, there was no statistically significant change in the number of Utahns who went to the emergency department for thoughts of suicide.

See Figures 5 and 6.

CRISIS SERVICES UTILIZATION

The number of Utahns who call the Suicide Prevention Lifeline continues to increase, a trend established since at least the beginning of 2019, a year prior to the onset of the COVID-19 pandemic. The number of people who used SafeUT in 2020 and 2021 is consistent with trends from 2019.

See Figure 7.

DRUG OVERDOSE DEATH

The number of Utahns who died by accidental and undetermined drug overdose did not significantly change between January 2018 and May 2021. The number of deaths by age group did not significantly change from January 1, 2018 through March 31, 2021.

See Figures 8 and 9.

NON-FATAL DRUG OVERDOSES

The overall number of Utahns who went to an emergency department for any non-fatal drug overdose did not significantly change between January 2020 and August 2021. No changes were observed in the number of people who went to an emergency department for a drug overdose within any age category.

See Figures 10 and 11.

* The onset of the COVID-19 pandemic in Utah occurred in March 2020.

Key Takeaways



The number of Utahns who die by suicide or accidental drug overdose remains high, but there has been no statistically significant changes in the number of deaths since March 2020, the onset of the pandemic in Utah.



Trends regarding suicide and drug overdose in Utah do not always follow national trends. For example, the CDC recently reported a 51% increase in suicide attempts among adolescent girls ages 12-17 between January and March 2021 (1). While an increase was observed in Utah among adolescent girls during the same time period, this increase follows typical patterns during winter. Suicide attempts reported to emergency departments among adolescent girls fell drastically in the spring and summer months—again, following typical patterns.



The typical response to multiple stressors and crises is resilience and recovery; most people live through and effectively manage crises, serious mental illness, and extremely difficult circumstances.



Receiving care in a timely manner is critical for people experiencing increased emotional, mental, or substance use related concerns.



It is safe to seek professional help. Many providers have the ability to meet with patients virtually and healthcare facilities are taking precautions to prevent the spread of COVID-19.

Seek help for yourself or for someone you care about:

800-273-TALK (8255)

or find more resources at

liveonutah.org or

coronavirus.utah.gov/mental-health

About this Report

This report provides up-to-date information on suicide and drug overdose in Utah using different types of data, or indicators. The information in this report falls short of providing a comprehensive picture of the status of behavioral health in our state. For example, suicidal ideation is measured in this report by the number of people who went to an emergency department because they were seriously thinking about suicide. Many other Utahns may have also experienced suicidal ideation and not gone to an emergency department. A more comprehensive measure of suicidal ideation is provided in the annual Behavioral Risk Factor Surveillance System (BRFSS) survey, which estimates the number individuals who went to an emergency department and those who did not. Public health experts use the number of people who go to an emergency department as a measure because this data is more readily available and is assumed to increase and decrease proportionately to the total number of people who seriously considered suicide.

Nationally, the CDC reports an increase in symptoms of depression and anxiety between December 2020 and June 2021 (2). Data from the same report indicate symptoms of anxiety and depression among Utahns rose between early fall 2020 to winter 2020-2021, but fell again in spring 2021. While a great deal of this report shows that there has been no change over time, other sources do indicate that Utahns felt the mental health impacts of the COVID-19 pandemic in ways that are not beneficial to overall well-being. Indeed, it will take additional, population-based research to better understand the full scope of impacts of the COVID-19 pandemic on behavioral health.

Information on how Utahns are getting help for mental health problems, addiction, and suicide is not included in this report, but is an important measure of how our state is responding to behavioral health needs. Other indicators of distress, such as unemployment, poverty, and crime are also not discussed here, but again are critical to understanding the well-being of Utahns.

The Utah Department of Health and Utah Department of Human Services are committed to keeping partners and citizens informed so that they may feel empowered to make decisions that protect and promote the well-being of families, communities, and all Utahns.

In an effort to provide the most recent data available in the most detail, each figure in this report should be carefully reviewed for:

1. **SCALE:** the numbers displayed on the horizontal and vertical axis. These numbers vary in each figure in order to show the most detail possible and to allow readers to more readily see trends.
2. **REPORTING PERIOD:** Some figures in this report display data from January 1, 2018 to August 31, 2021 while others display only data for 2021.
3. **REPORTING INCREMENT:** Some data is reported weekly, some monthly, and some quarterly. Weekly data is reported here in “MMWR weeks.” The Morbidity and Mortality Weekly Report (MMWR) week is the week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of MMWR disease incidence reporting and publishing. Much of the data in this report is by MMWR week. These numbers largely coincide with standard calendar weeks. For example, March 1 falls in MMWR week 9, June 1 falls in MMWR week 22, etc.

Suicide Death

The number of individuals who died by suicide has remained statistically unchanged since January 2015.

Figure 1 shows suicide death counts by month since 2018. The number of Utahns who died by suicide in 2021 is consistent with previous years.

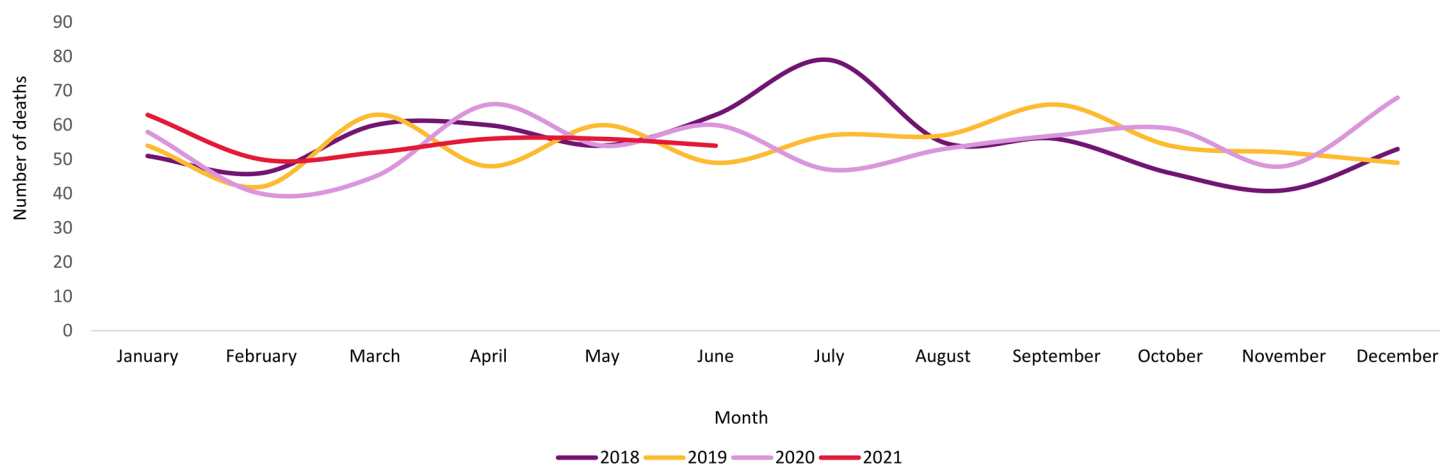


Figure 1. Number of deaths by suicide by year and month, Utah, 2018-2021

There have been no statistically significant changes in the number of Utahns who died by suicide within any age group between January 1, 2018 and June 30, 2021.

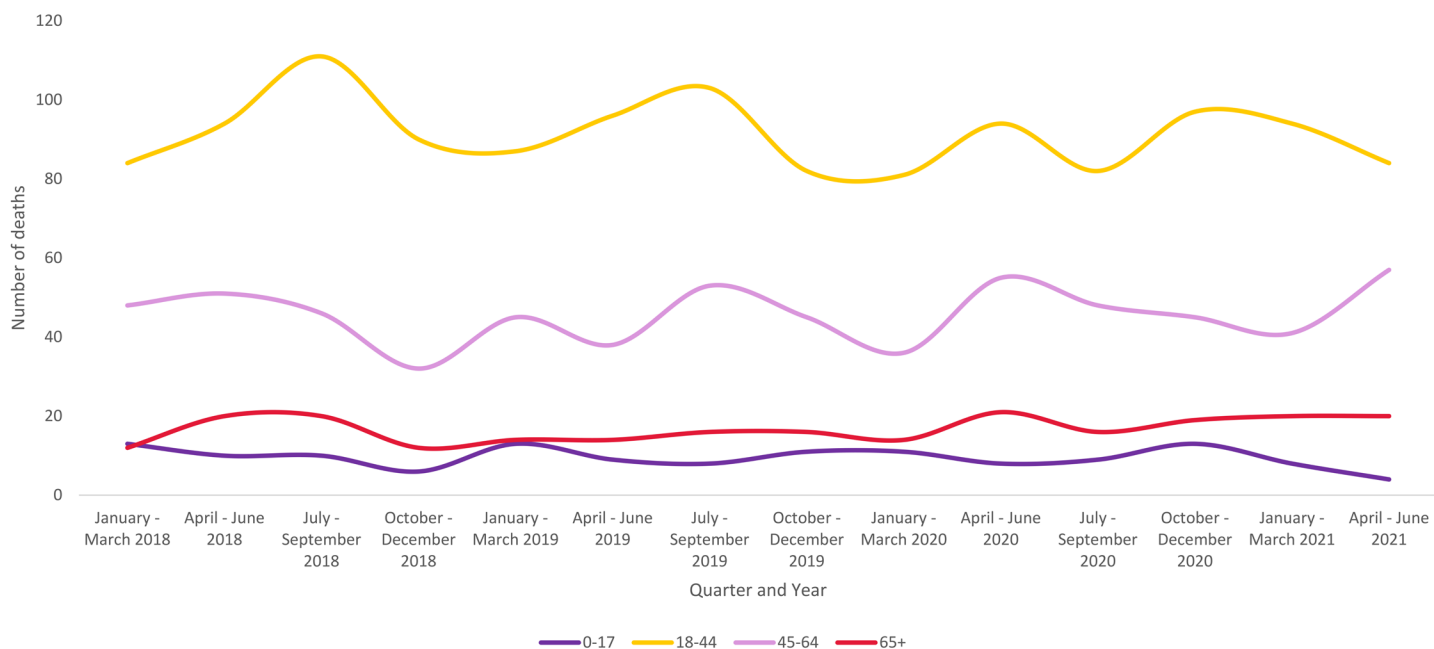


Figure 2. Suicide death count by age category and quarter, Utah, January 1, 2018 through June 30, 2021

Suicide Attempt

The overall trend in the number of Utahns who went to an emergency department after attempting suicide did not change between January 2020 and August 2021.

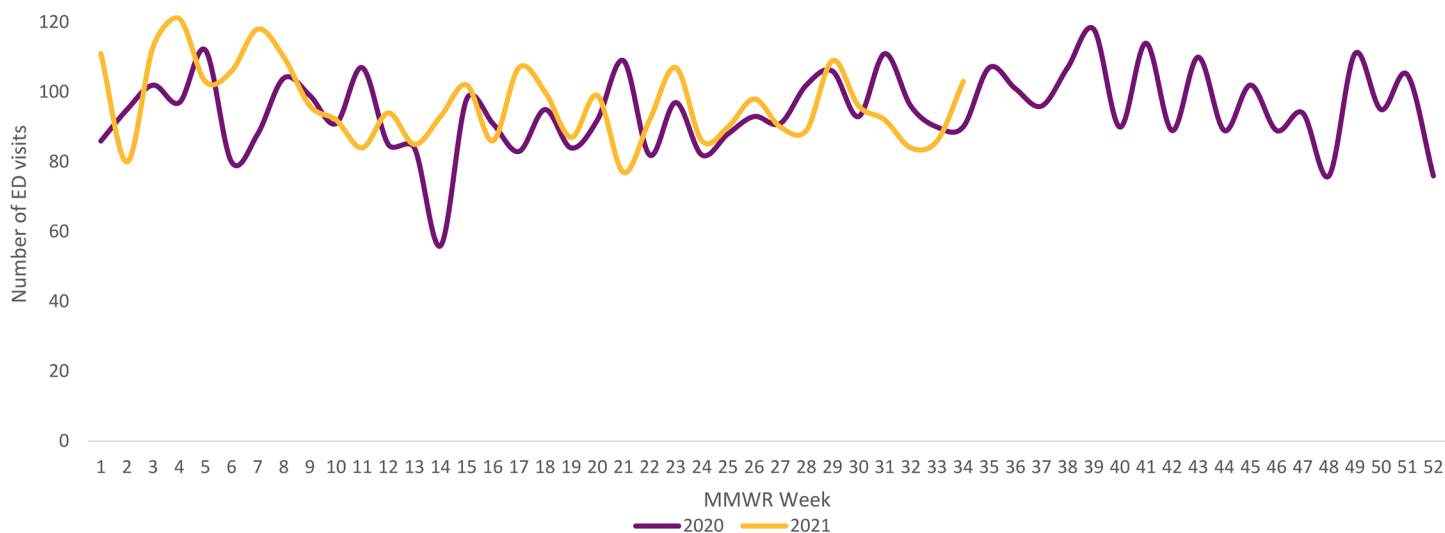


Figure 3. Number of emergency department visits for suicide attempt by MMWR week (3), Utah, 2020-2021

Teens ages 10-17 went to an emergency department less frequently beginning in June 2021 compared to other age groups. This trend is consistent with previous years; teens tend to report to emergency departments for suicide attempts less frequently in summer. No abnormal changes were observed within other age groups. Those ages 65 and older were omitted from Figure 4 due to low counts throughout the reporting period; no changes in trend were observed among older people, however.

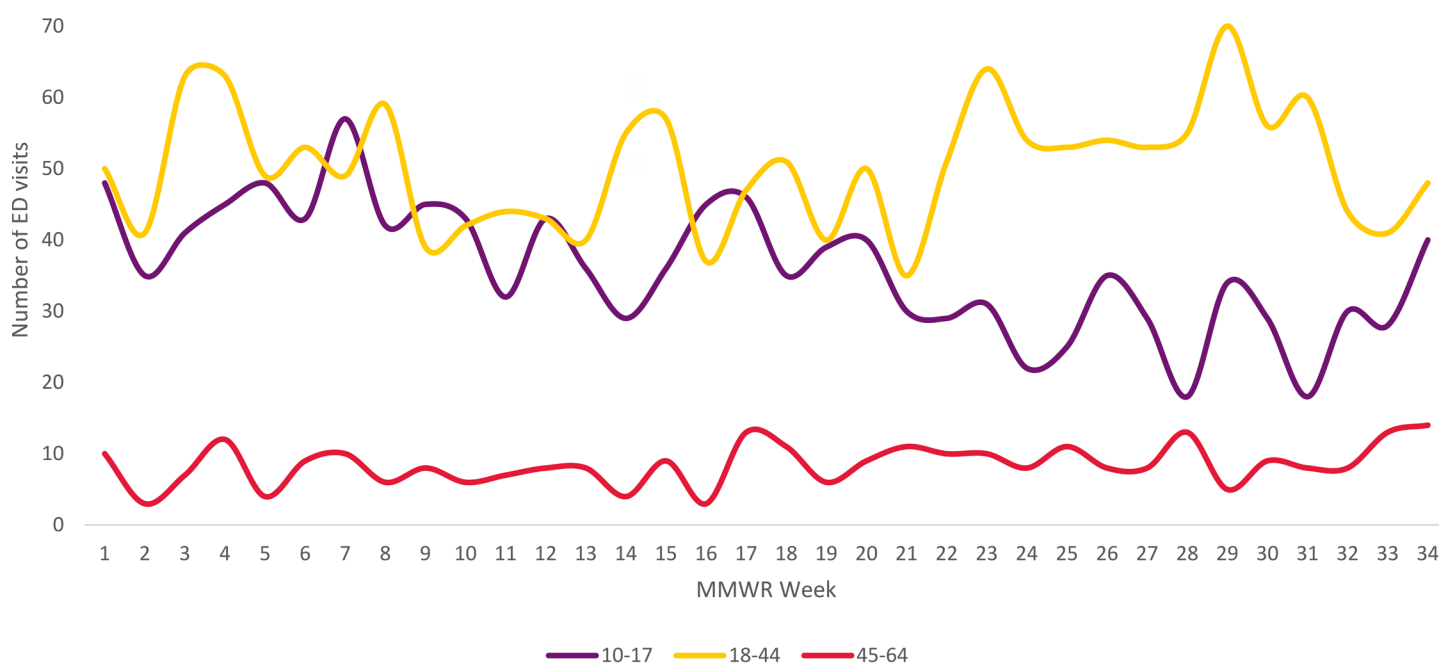


Figure 4. Number of emergency department visits for suicide attempt by age category and MMWR week, Utah, 2021

Note: The age category 65+ is not displayed due to low counts throughout the reporting period.

Suicide Ideation

The overall trend of the number of people who went to an emergency department for thoughts of suicide was consistent between January 2020 and August 2021.

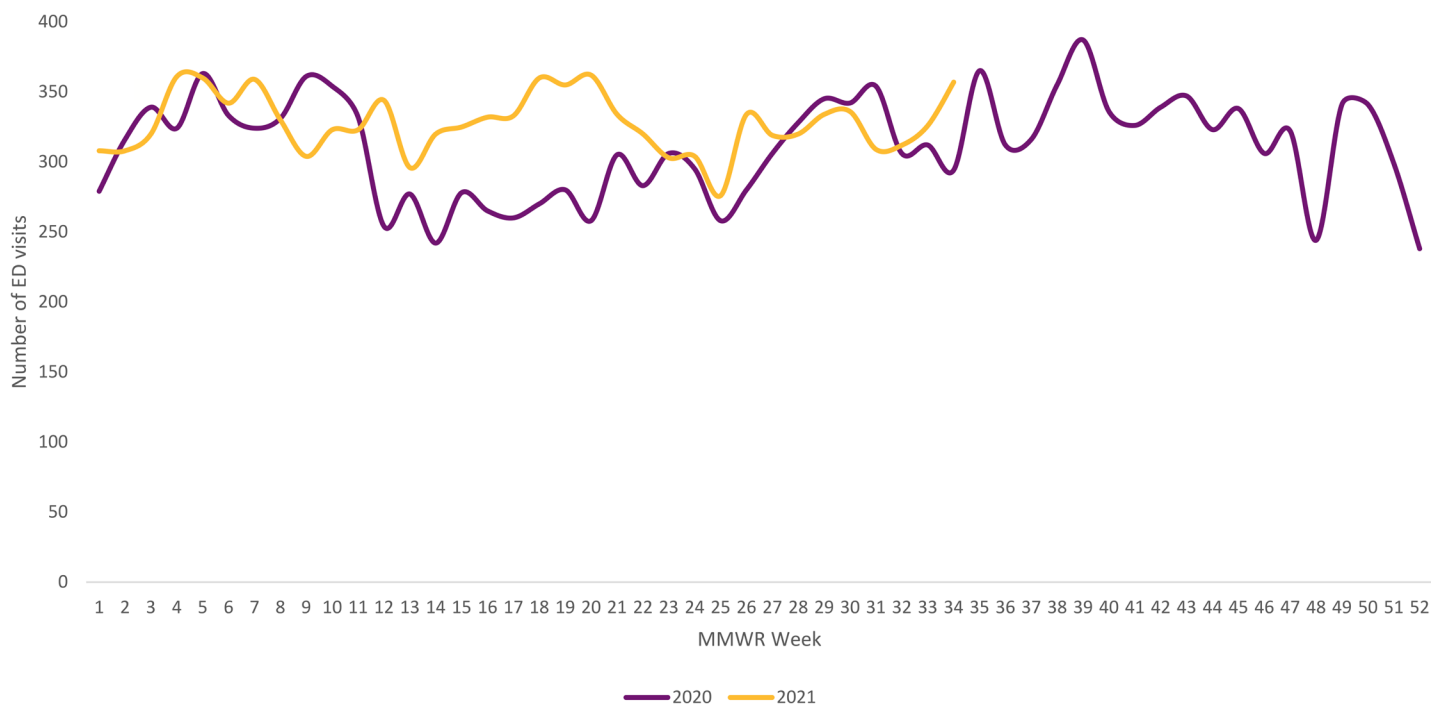


Figure 5. Number of emergency department visits for suicidal ideation by MMWR week, Utah, 2020-2021

There was no statistically significant change in the number of emergency department visits within age groups for thoughts of suicide. Compared to other age groups, the number of teens ages 10-17 who went to the emergency department for suicidal thoughts appears to have decreased in the summer weeks of 2021. However, this decrease is not statistically different over time. This observed decrease is consistent with previous years; teens tend to report to emergency departments for thoughts of suicide less frequently in summer.

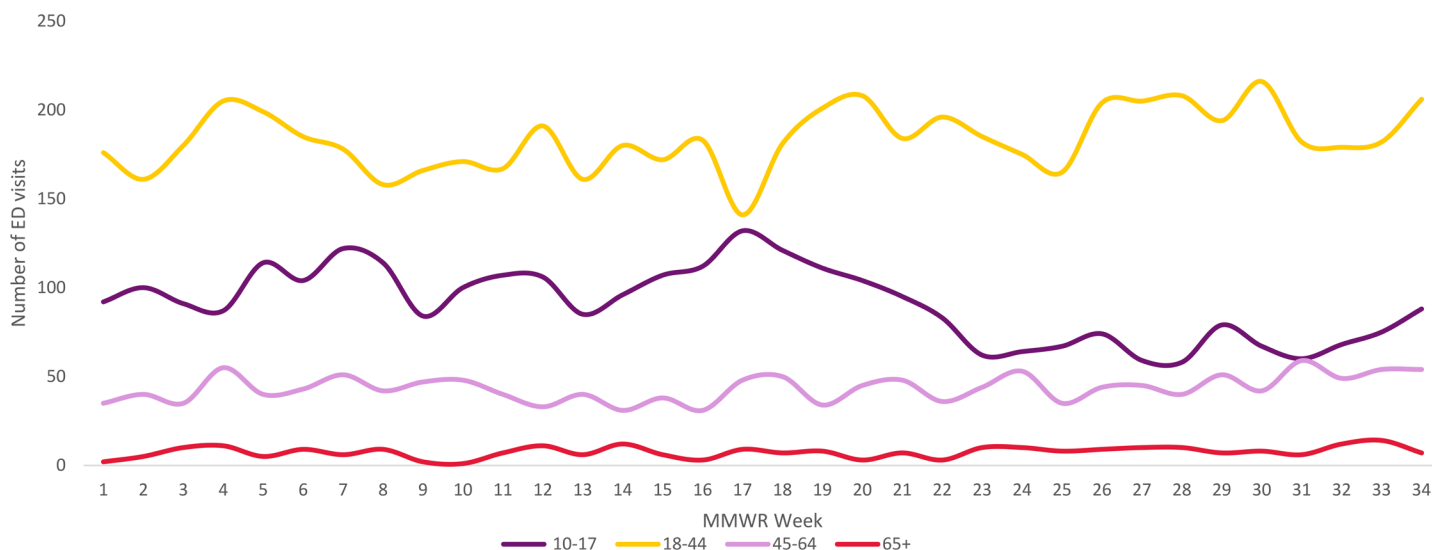


Figure 6. Number of emergency department visits for suicidal ideation by age category and MMWR week, Utah, 2021

Crisis Services Utilization

The number of calls received by the Utah Crisis Line (Suicide Prevention Lifeline) has steadily increased over time, a trend that has been occurring for many years, including before the COVID-19 pandemic. The state of Utah has invested in the expansion of crisis services which included a consolidation of county-based crisis lines into a centralized statewide crisis line in 2019. The centralized crisis line is likely contributing to the ongoing increase in calls. More than 8,500 calls were answered in August 2021 compared to 6,271 in March of 2020 and 5,046 in January of 2019. This increase in calls is likely due to a number of contributing factors including increased awareness of the crisis line, increased help-seeking, decreased stigma related to mental health, and an increase in reported mental health concerns over the last few years. Public health and suicide prevention campaigns have promoted the Suicide Prevention Lifeline (800-273-TALK/8255) for years, including in a recent major campaign (LiveOnUtah.org). While an increasing number of calls to the crisis line could mean more individuals are experiencing acute distress, this increase may instead mean more Utahns are seeking help rather than suffering in silence. In other words, this increase also means more Utahns are getting the help they need to live through difficult circumstances. This increase in help seeking has

been a core goal of the Utah Health Improvement Plan and the Utah Suicide Prevention Plan and we continue to urge anyone struggling to get help (1-800-273-TALK/8255).

Call volume to the warm line—a phone number for those who are experiencing distress but not an acute crisis or feeling suicidal—increased from January 2020 through August 2021. Like the crisis line, this increase may be due to the expansion of the warm line from a Salt Lake County resource to a statewide resource and the increased promotion of the warm line (4). The number of people who used SafeUT—an app for smartphones that allows school-aged youth, college students, frontline workers in Utah, and members of the Utah National Guard to easily access mental health support for themselves or their peers—normally changes throughout the year, with the largest number of chats and tips during winter months and then dropping in use during summer months. There was no change in the number of chats or tips related to suicide being received via the SafeUT app between January 1, 2019 and August 31, 2021. However, the duration of these chats increased, which has increased the demand on the resource. Overall tips and chats, which include non-suicide related circumstances, have increased over time as well (not shown).

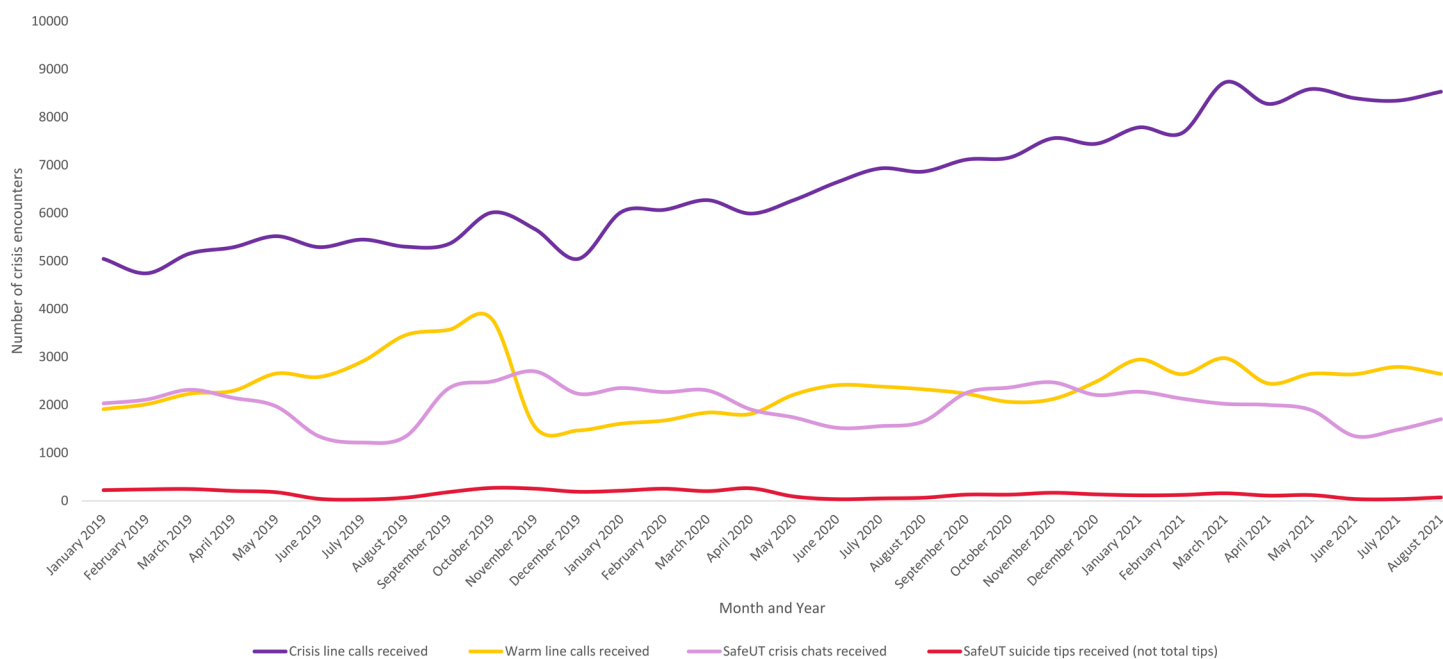


Figure 7. Crisis services volume by month and type of service, Utah, 2019 to 2021

Accidental and undetermined* drug overdose deaths

Although counts appear to increase and decrease quite noticeably in Figure 10, these changes are normal month-to-month variation. The overall number of accidental and undetermined overdose deaths remained consistent from the onset of the COVID-19 pandemic (March 2020) to the end of May 2021 when compared with the number of deaths in previous years.

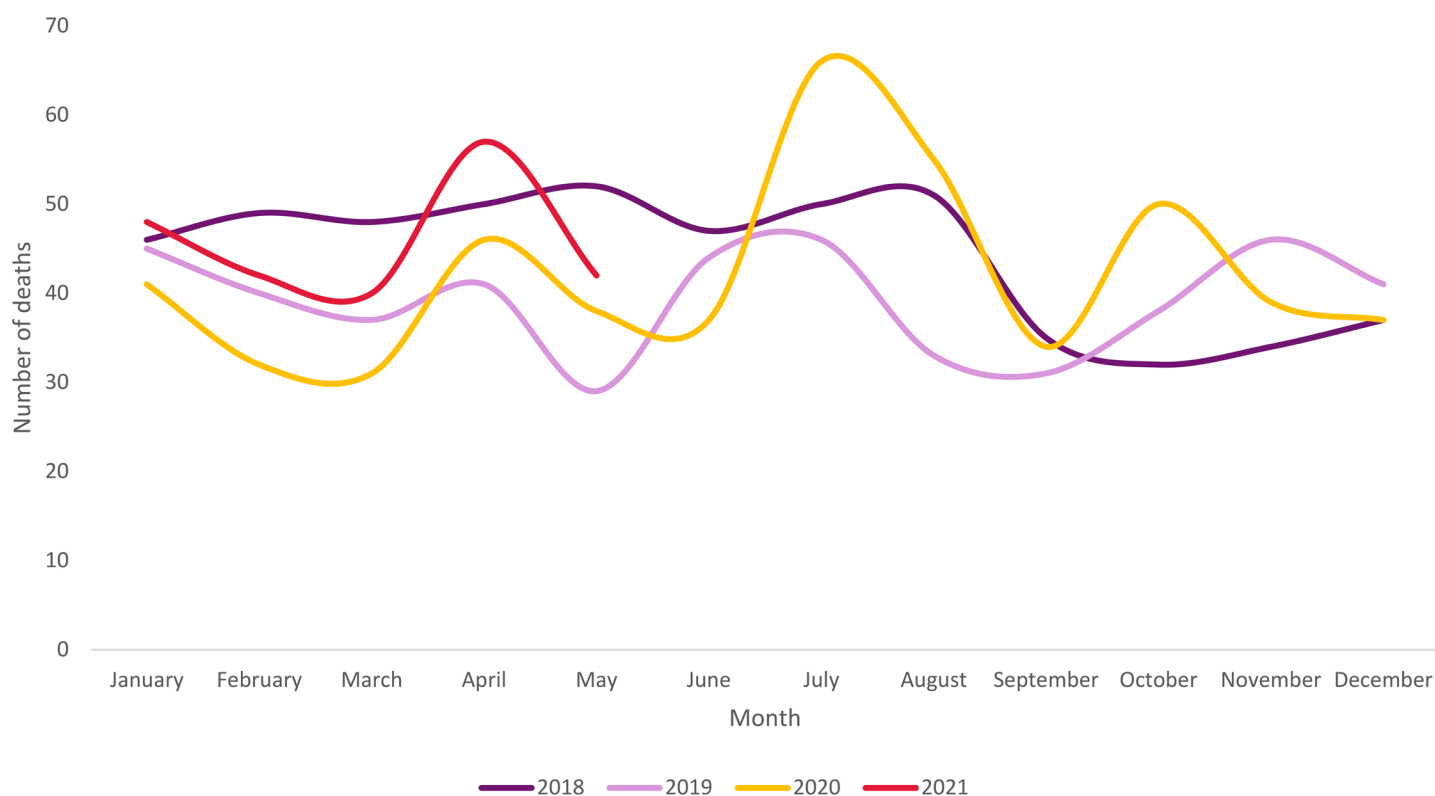


Figure 8. Number of deaths by accidental and undetermined drug overdose by month and year, Utah, 2018-2021

* “Undetermined” means the intent of the deceased person could not be determined by the medical examiner. In other words, there was not enough evidence at the time of the death investigation and examination for the medical examiner to determine if the death was accidental (unintentional) or suicide (intentional). Drug overdose deaths of undetermined intent comprise less than 2% of all deaths that fall under medical examiner jurisdiction each year. Accidental overdoses made up 81% of all overdoses from January 1, 2018 - May 31, 2021.

The number of accidental and undetermined drug overdose deaths was consistent across all age groups between January 1, 2018 and March 31, 2021. Higher numbers of deaths were observed in January, February, and March 2018 and July, August, and September 2020 among those ages 18-44, but these increases did not result in an overall increase. Note, age groups 10-17 and 65 and older were omitted from Figure 11 due to low counts. However, there were no overall changes within these groups.

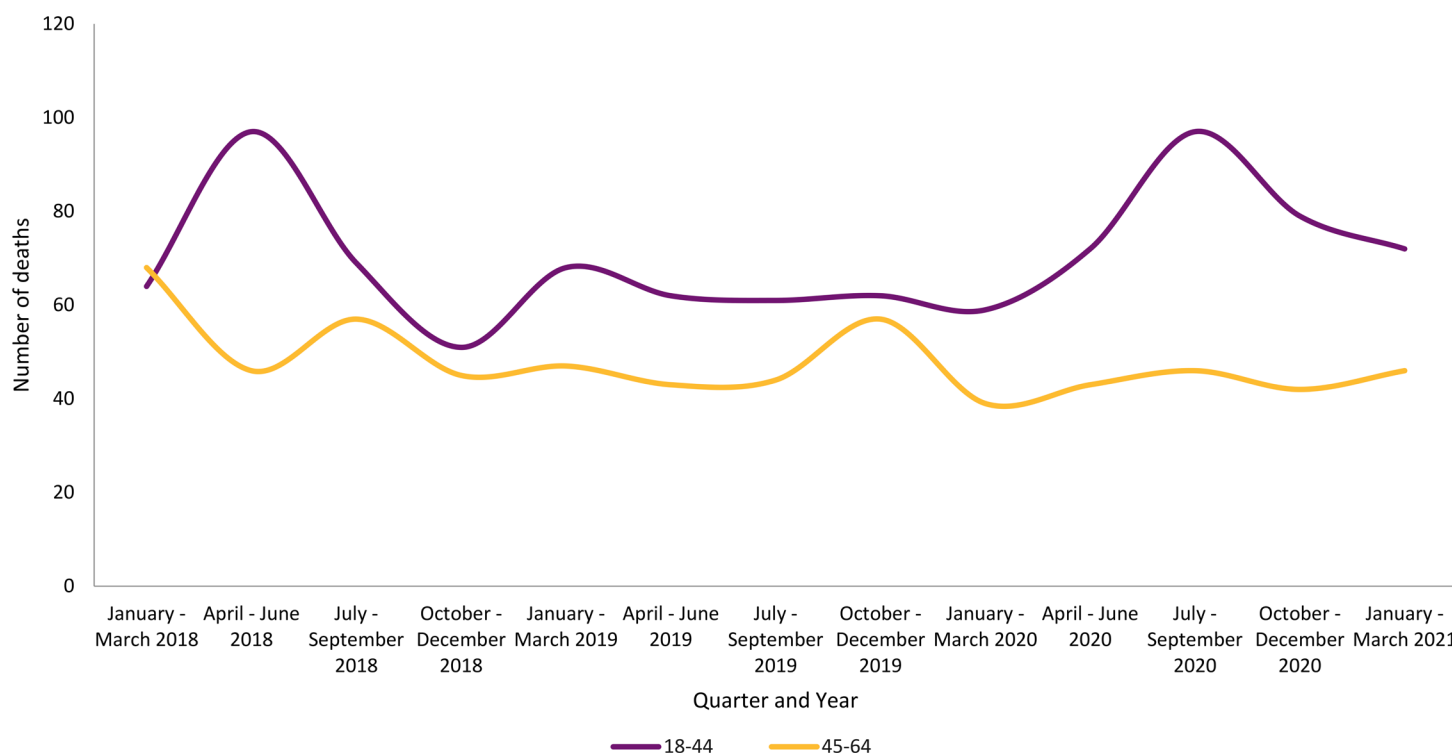


Figure 9. Number of deaths by accidental or undetermined intent drug overdose and age category by quarter end year, Utah, January 1, 2018 through March 31, 2021
Note: Age categories 10-17 and 65+ are not displayed due to low counts throughout the reporting period.

Non-fatal drug overdose*

The number of people who went to an emergency department for any drug overdose was consistent between January 2020 and August 2021.

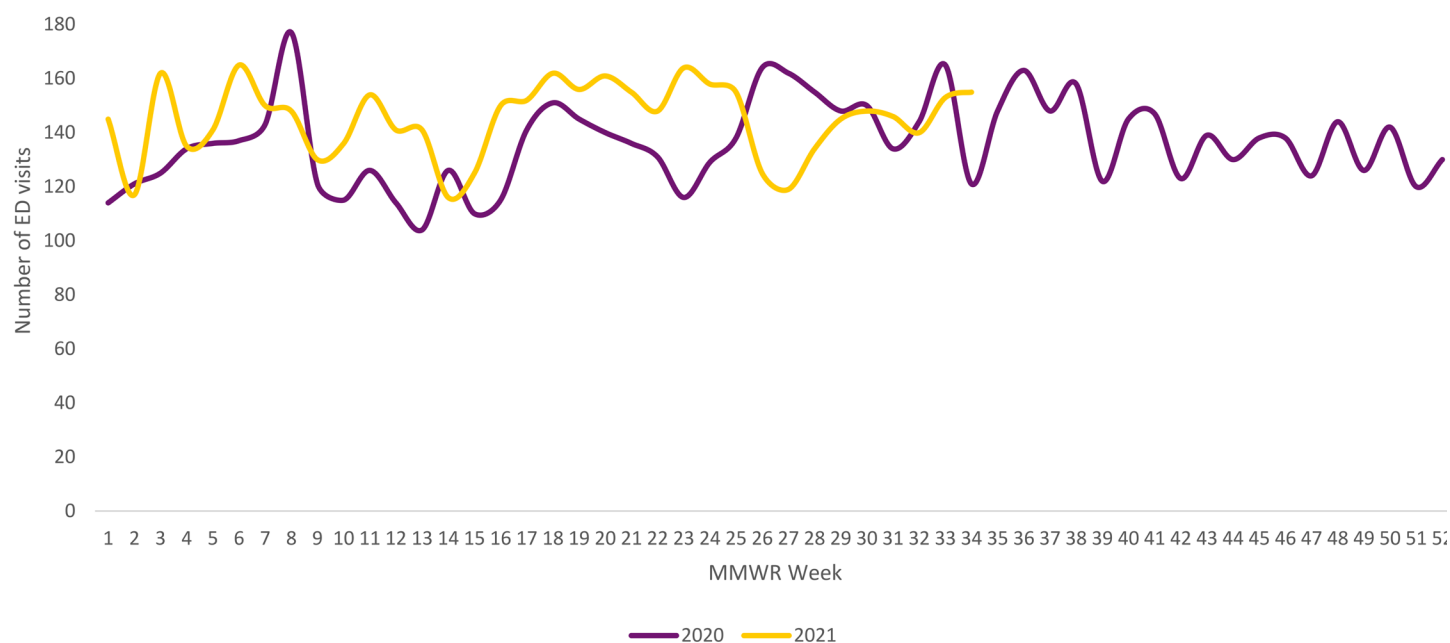


Figure 10. Number of emergency department visits for any drug overdose by MMWR week, Utah, 2020-2021

The number of people who went to an emergency department for any drug overdose did not significantly change within any age category from January 1, 2021 through August 28, 2021.

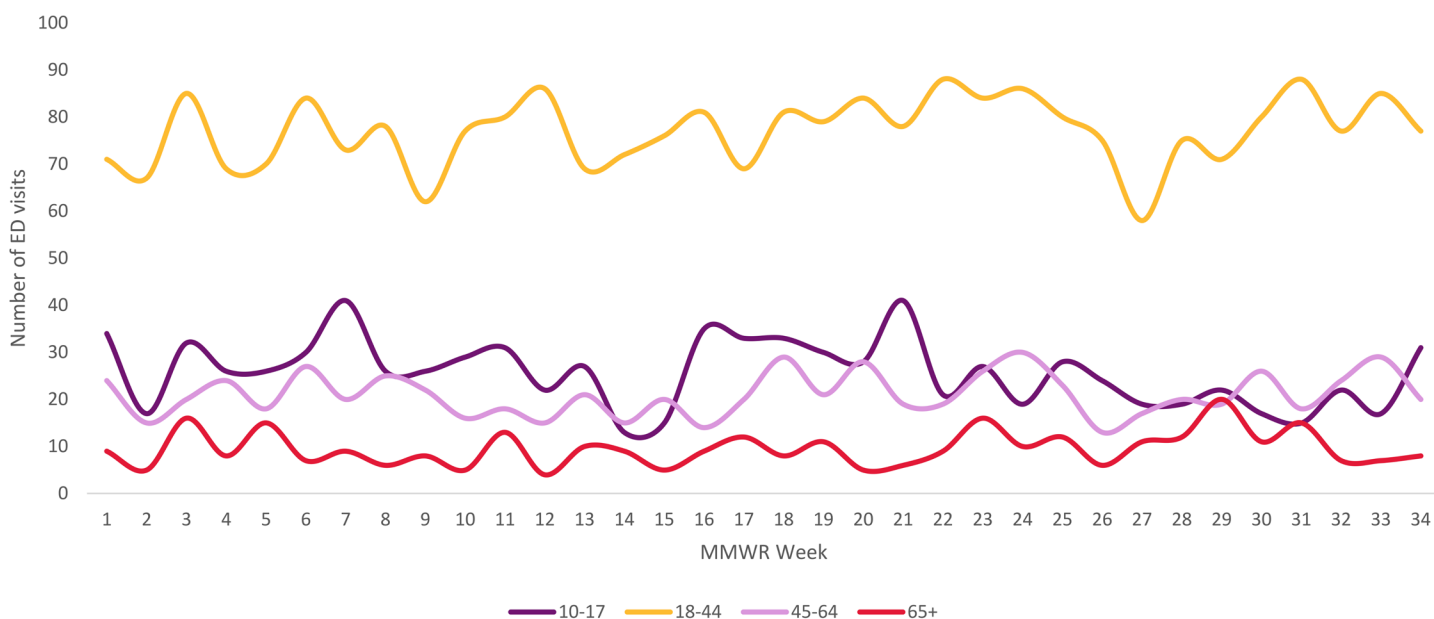


Figure 11. Number of emergency department visits for any drug overdose by age category and MMWR week, Utah, 2021

*Non-fatal overdose includes accidental (unintentional), intentional self-harm, assault, and undetermined intent. It does not include adverse effects and underdosing.

Know the signs of suicide: you can save a life

The long-term consequences of the pandemic on mental health, suicide, and substance abuse will take time to understand. This report does not fully represent the breadth of the impact on Utahns: many have faced financial insecurity, job loss, housing instability, challenges related to school, troubles connecting with family and friends, and elevated health concerns related to the virus, among others.

We are not powerless to the difficult circumstances around us. Know the warning signs of suicide:

- Talking about suicide or death
- Increased substance use, including alcohol and drugs
- Withdrawing or isolating from friends and family
- Unexpected and unexplained changes in sleep, appetite, mood, or daily activities
- Giving away prized possessions
- Seeking lethal means (firearms, medication), or searching for suicide methods online
- Irritable or angry most of the time
- Onset of depression or anxiety, or changes to known mental health disorders
- Despite these difficult times, THERE IS HOPE. We all have opportunities to TAKE ACTION to prevent suicide deaths.

**Learn more about how
to prevent suicide:**

Visit liveonutah.org or scan this
code with the camera on your
smartphone or tablet.



Know the signs of drug overdose: you can save a life

If you or someone near you is experiencing an overdose, call 911 right away and if possible, administer naloxone (otherwise known as Narcan). Immediate treatment can save someone's life. Symptoms of an overdose can vary based on the drug a person has taken.

Signs of an opioid overdose include:

- Small, pinpoint pupils
- Blue or purple colored fingernail and lips
- Won't wake up or limp body
- Shallow or stopped breathing
- Gurgling or choking noises
- Fast, slowed, or erratic heartbeat

Symptoms of other overdoses include:

- Severe chest pain
- Seizures
- Severe headache
- Delirium
- Extreme agitation or anxiety
- Deviations from normal body temperature (feeling very hot or very cold)
- Skin color changes (the person may have a bluish tint to their skin if a respiratory depressant was used or have a red or flushed face or skin color after cardiovascular overstimulation)

Anyone can overdose, especially people using drugs for the first time or who are using after a period of not using drugs. Simple strategies for preventing an overdose are:

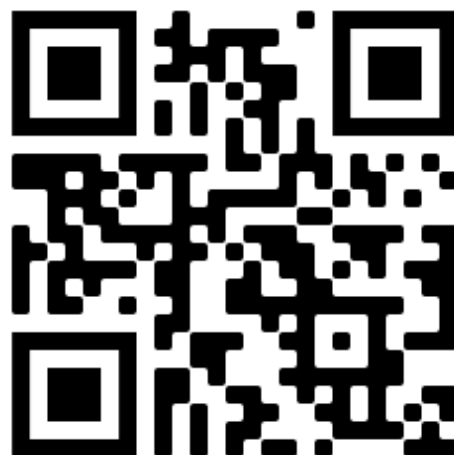
- Engage in harm reduction activities such as syringe exchange services. Learn more at utahharmreduction.org/.
- If you use drugs, follow harm reduction principles:
 - o Do not use drugs alone.
 - o If possible, avoid mixing drugs as this increases the risk for overdose.
 - o Get fentanyl test strips and test your drugs for fentanyl.
 - o Go slow.
 - o Carry naloxone with you and know how to use it. Learn more at naloxone.utah.gov.

Specific strategies for preventing an opioid prescription overdose include:

- Talk to your doctor about alternatives to prescription opioids.
- Never share your prescription opioids with anyone.
- Store prescription opioids out of reach, with the label attached, and with the child-resistant cap secured.
- Throw away all unused and expired prescription opioids properly. Take your unused prescription opioids to a permanent collection site or drop-off event. Learn more at www.useonlyasdirected.org and <https://knowyourscript.org/>.
- Know what the common opioids are and know the risks: dependency, addiction, or overdose.
- Learn more at www.opidemic.org.

Find help and resources for substance use:

Call 2-1-1. Visit <https://211utah.org>
or scan this code with the camera on
your smartphone or tablet.



Data notes

Syndromic Surveillance

Description: Nonfatal suicide and overdose data are obtained from the National Syndromic Surveillance Program BioSense Platform (Figures 3-6; 10-11). Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments—before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is needed. Syndromic data can serve as an early warning system for public health concerns such as flu outbreaks and have been used in responses for opioid overdoses, vaping-associated lung disease, Zika virus infection, and natural disasters.

Limitations: Syndromic surveillance uses diagnostic categories, which are used to derive the counts in this report, which may be excluded, omitted, or used inconsistently across hospitals and healthcare providers. Since May 2021, all emergency departments in Utah report to syndromic surveillance. However, prior to that time, some healthcare facilities did not, which may result in undercounts.

Utah Medical Examiner Database

Description: Suicide and drug overdose death data are abstracted from the Utah Medical Examiner Database (Figures 1-2; 8-9). Counts from 2020 and 2021 data are preliminary. Drug poisoning (overdose) deaths (Figures 8-9) involving any drug were defined as having an International Classification of Diseases, 10th Revision (ICD-10) underlying-cause-of-death code of X40–X44 (unintentional) or Y10–Y14 (undetermined intent).

Limitations: Readers should use caution when interpreting these data as final. It is possible that current pending deaths will be certified as a drug overdose or suicide in the future and the manner of death in currently registered cases may be amended as additional information about the death becomes available, ultimately increasing overdose and suicide death counts.

Reference and Notes

- (1) Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1>.
- (2) Jia H, Guerin RJ, Barile JP, et al. National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic — United States, 2020–2021. *MMWR Morb Mortal Wkly Rep*. ePub: 5 October 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7040e3e>.
- (3) MMWR Weeks: The Morbidity and Mortality Weekly Report (MMWR) week is the week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of MMWR disease incidence reporting and publishing.
- (4) There was a precipitous decline in the number of calls received on the warm line between September and November 2019. As demand for the resource grew, administrators determined that a number of callers were from somewhere other than Utah. In an effort to address the mental health concerns of Utahns, a telephonic change was implemented aimed at redirecting out-of-state callers to make sure the warm line could meet the needs of Utahns. Calls received from a non-Utah area code are played a message; if they are calling from Utah, the caller indicates that and are passed through to a warm line representative.