

Executive Summary

Suicide is one of Oregon's most persistent public health problems. Suicide is the second leading cause of death among Oregonians aged 15 to 34 years, and the eighth leading cause of death among all Oregonians in 2012. The financial and emotional impacts of suicide on family members and the broader community are devastating and long-lasting. This report provides the most current suicide statistics in Oregon. We analyzed mortality data from 1981 to 2012 and Oregon Violent Death Reporting System (ORVDRS) data from 2003 to 2012. This report presents findings of suicide trends and associated factors in Oregon. These data can inform prevention programs, policy, and planning.

Key Findings

In 2012, the age-adjusted suicide rate among Oregonians was 17.7 per 100,000, 42 percent higher than the national average.

The rate of suicide among Oregonians has been increasing since 2000.

Suicide rates among adolescents aged 10 through 17 years has increased since 2011 after decreasing from 1990 to 2010.

Suicide rates among adults aged 45 to 64 years rose more than 50 percent from 18.1 per 100,000 in 2000 to 28.7 per 100,000 in 2012; the rate increased more among females than among males.

Suicide rates among males aged 65 years and older decreased approximately 18 percent from nearly 50 per 100,000 in 2000 to 42 per 100,000 in 2012.

From 2003 to 2012:

Males were 3.6 times more likely to die by suicide than females. The highest suicide rate occurred among males aged 85 years and older (72.4 per 100,000). Non-Hispanic white males had the highest suicide rate among all racial / ethnic groups (27.1 per 100,000).

Approximately 25 percent of suicides occurred among veterans. Male veterans had almost twice the suicide rate than non-veteran males (45.5 vs. 29.0 per 100,000). Veteran suicide victims were reported to have more physical health problems than non-veteran males.

Psychological, behavioral, and health problems co-occur and are known to increase suicide risk. Approximately 70 percent of suicide victims had a diagnosed mental disorder, alcohol and /or substance use problems, or depressed mood at time of death. Despite the high prevalence of mental health problems, fewer than one third of male victims, and fewer than 60 percent of female victims, were receiving treatment for mental health problems at the time of death.