



# Suicide Health Alert for March 2022

Dear Community Providers,

The Health Department's Community Mental Health and Addiction unit conducts routine surveillance of local suicide trends. Surveillance looks at specific data sets to monitor and record trends in critical public health indicators commonly associated with suicide and self-harm. **This notification serves as an advisory as suicides have surpassed the alert threshold for the month of March 2022.**

## Methods

The CMHA team uses a six-month moving average to set thresholds for issuing health alerts. The alert indicator is set at 10% greater than the moving average. This alert indicator allows for standardized methodology for the team to issue alerts when local suicide trends reach higher than expected totals.

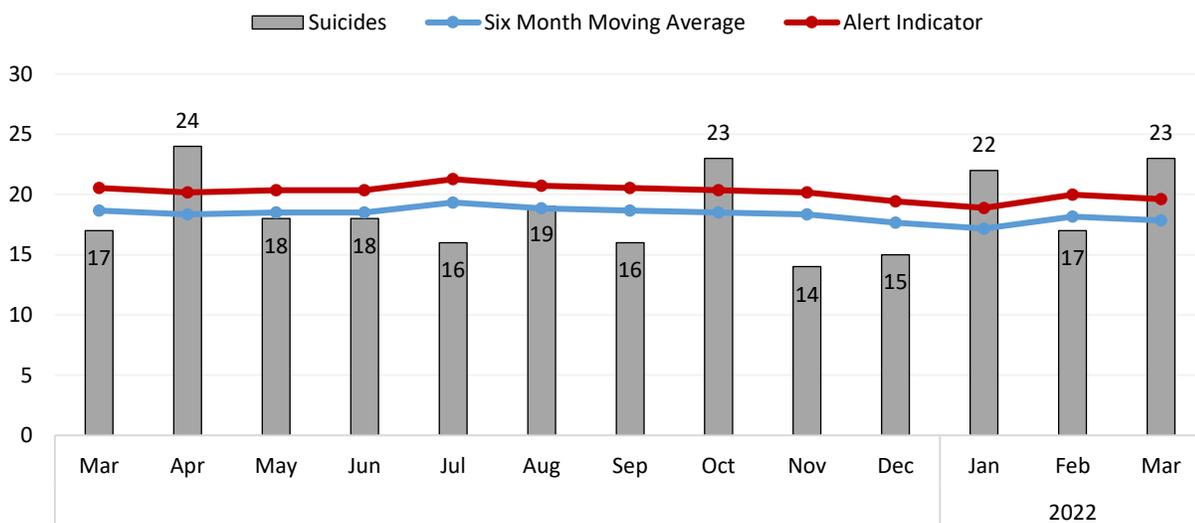
## Mortality Data

Data from Arizona Department of Health Services' Vital Records and Pima County's Office of the Medical Examiner were used in this alert. There is an inherent data lag in the death certification process and the required time to complete the medical examination. Given these two factors, this report is limited to information available at the time the report was completed.

## Alert

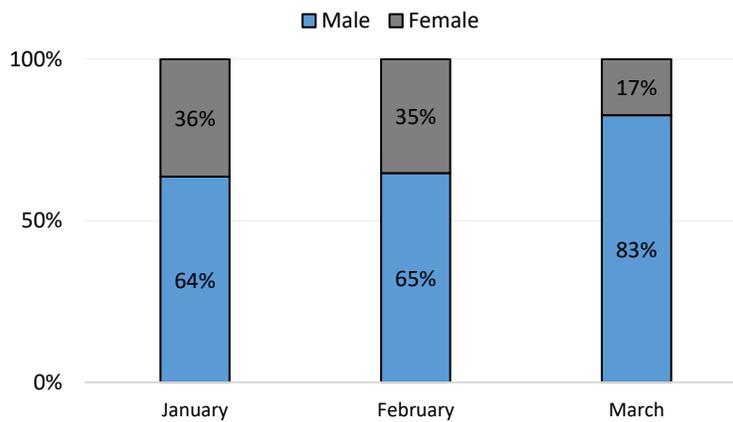
A point in time count on April 4, 2022 confirmed 23 suicides for March 2022, exceeding the alert threshold (Figure 1). Note, March counts are preliminary, as some cases may still be pending.

**Figure 1. Count of Suicides by Month with Alert Level**



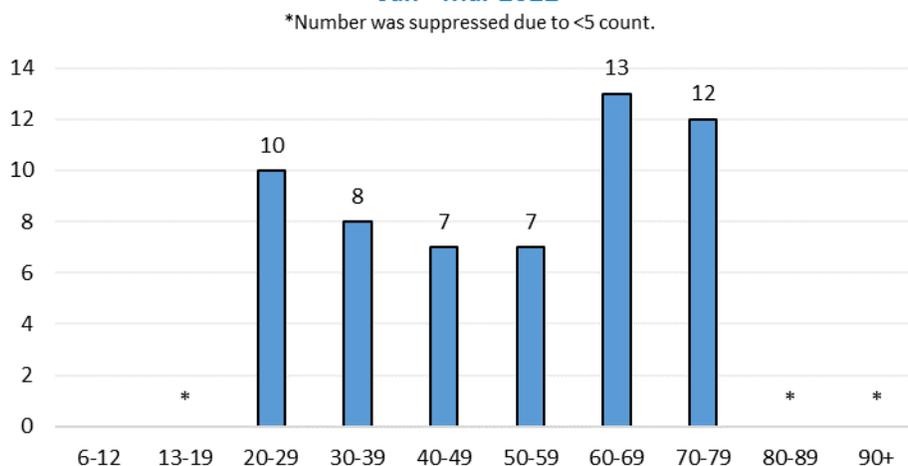
In January and February of 2022, female decedents accounted for over a third of the monthly suicide totals (36% and 35%, respectively). For perspective, in 2021 the monthly average was 22%. It should also be noted that during the same time period, the number of males dying by suicide remained unchanged, while the number of female suicides went up. Indicating that the number of females dying by suicide, is the primary factor in the overall change to the ratio. In March 2022, this trend reversed, with female suicides only accounting for 17%, and male suicides accounting for 83%.

**Figure 2. Assigned Sex at Birth  
Jan - Mar 2022**



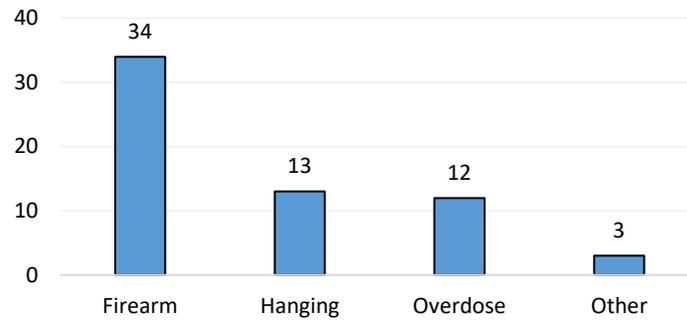
Suicides in older adults aged 60-79, are occurring in higher numbers through the first part of 2022, in comparison to last year's average. In 2021, an average of 4 adults aged 60-79 died by suicide each month. In 2022, an average of 8 adults aged 60-79 died by suicide every month (double the rate in 2021).

**Figure 3. Suicides by Age Group  
Jan - Mar 2022**



Firearms continue to be the most common method used in suicides locally. Year to date, 55% of suicides were caused by a firearm in 2022. Additionally, suicides caused by intentional overdose, have accounted for 19% of suicides overall in 2022 (up from 7% in 2021).

**Figure 4. Suicides by Method**  
Jan - Mar 2022



## Provider Recommendations and Risk Factors

### Risk Factors for Suicide

- Access to lethal means, particularly firearms
- Prior suicide attempts
- Mental health disorders, particularly depression and other mood disorders
- Use of alcohol or other drugs
- Family history of suicide
- Suicide death within social network, especially a family member
- Social isolation
- Having debilitating chronic disease and/or disability
- Lack of access to behavioral health and substance use care
- Untreated mental health and/or substance use conditions

### Protective Factors Against Suicide

- Engaging in behavioral health care and substance use treatment
- Connectedness to individuals, family, community, and social institutions
- Engaging in meaningful and/or social activities
- Life skills (such as problem solving, resiliency)
- Self-esteem and a sense of purpose or meaning in life

### Provider Recommendations

- Utilize a suicide risk assessment tool, such as the Columbia-Suicide Severity Rating Scale (C-SSRS), to assess individuals who present with risk factors
- Refer individuals in crisis to the 2-1-1 crisis counseling program: [Resilient Arizona Crisis Counseling](#)
- Promote safe storage of firearms and medications, such as locks and safes
- Share resources and 24-hour crisis lines, such as:
  - Local Community Wide Crisis Line: 1-866-495-6735 or 520-622-6000
  - National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
  - Teen Lifeline, call or text: 602-248-TEEN (8336)
  - Veterans Crisis Line: 1-800-273-8255 (press 1)
  - Substance Use Referral and Treatment Hotline: 1-800-662-HELP (4357)
  - Disaster Distress Helpline: 1-800-985-5990

### Organization Recommendations

- Have all staff certified in QPR Gatekeeper Training and/or Mental Health First Aid
- Make an organizational commitment: [About Zero Suicide](#)
- Create internal protocols and policies to help others surrounding a suicide: [Suicide Postvention](#)
- Print and distribute attached crisis line information to clients

### Our Commitment

The Health Department continues to conduct surveillance to closely monitor changes in trends and will keep you informed through these types of updates. For more information or to schedule trainings, including Mental Health First Aid and QPR Gatekeeper Training offered by certified public health instructors, visit [www.pima.gov/mentalhealth](http://www.pima.gov/mentalhealth) or contact our team at [CMHA@pima.gov](mailto:CMHA@pima.gov).