This is a data update of the *Health of Washington State* chapter on *Suicide* published in 2013.

**Time Trends**
From 1980 to 2006, suicide rates declined slightly from 14 per 100,000 Washington residents per year to 12 per 100,000. Rates have increased to 15 per 100,000 people per year since 2006. The national Healthy People 2020 target is to reduce the suicide death rate to an age-adjusted rate of 10.2 per 100,000. If current trends continue, Washington will not meet this goal.

During 2012–2014, 49% of suicide deaths were caused by firearms, 23% by suffocation, 19% by poisoning, and 9% from other causes.

In 2014, the U.S. age-adjusted suicide rate was 13 per 100,000 people, lower than the Washington rate of 14 per 100,000. In 2010, age-adjusted suicide rates in Washington were the same as in the western region (14 per 100,000), which are higher than in other U.S. regions (Northeast – 9 per 100,000; Midwest – 12 per 100,000; and South – 13 per 100,000).¹

**Geographic Variation**
For 2010–2014² combined, Clallam, Grays Harbor, Pacific, Pierce, Skamania, and Stevens counties had age-adjusted suicide death rates higher than the overall state rate. King County was the only county with a suicide death rate lower than the overall state rate.
Community differences in suicide rates might be explained by lack of access to healthcare services, residential instability, unemployment, other factors that limit economic opportunity, or higher levels of mental illness, substance misuse, family dysfunction and violence victimization.

The county chart does not include 9 counties in which fewer than 20 Washington residents died of suicide during 2010–2014. Death rates for these counties fluctuate widely even when combining five years of data.

**Age and Gender**

During 2012–2014, males in Washington accounted for 77% of suicide deaths. Men ages 75 and older had the highest suicide rates per population while men ages 45–64 had the highest number of suicides. Washington residents younger than age 15 and women ages 85 or older had fewer than 20 deaths over the three-year period. Suicide death rates for these two groups fluctuate widely even when combining three years of data, and so the figure does not include these groups.

**Economic Factors and Education**

Poverty and unemployment are linked with higher levels of suicidal thoughts and attempts. One study found that unemployment was a stronger predictor of suicidal thoughts and attempts than either poverty or educational attainment. In a recent national study, the relationship between suicide and poverty was strongest for those with a mental disorder, suggesting that socioeconomic distresses may have stronger effects for those who are more susceptible to life’s stressors.

In Washington, suicide rates in 2012–2014 were about 25% higher in census tracts where 10% or more of the population lived in poverty compared to census tracts where less than 10% lived in poverty.
Race and Hispanic Origin

In Washington in 2012–2014 combined, age-adjusted suicide rates were highest for American Indians and Alaska Natives. Whites had the second highest rates. This is similar to patterns seen elsewhere in the United States. Nationally, the highest suicide rates among American Indians and Alaska Natives are for adolescents and young adults, while rates among whites are highest in older age groups, suggesting that different risk factors might contribute to suicide in these groups.

Data Sources (For additional detail, see Appendix B.)


For More Information


Youth Suicide Prevention Program, http://www.yspp.org

Technical Notes

This chapter uses death certificates to estimate suicide deaths. Several studies estimate that death certificates likely underestimate the ‘actual’ number of suicides by about 20%.  

Acknowledgments

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Endnotes


2 Five years of data are being included on this chart to limit the number of counties that are excluded due to small numbers.


