HEALTHY MINDS POLICY INITIATIVE

State of Depression and Suicide in Oklahoma

Analysis of state and Tulsa County data

Public health research indicates that Oklahomans experience depression and die by suicide at rates that are higher than in the U.S. population. In the following tables and graphs, the best and most recent estimates of depression, as well as actual counts of suicide, are provided.

Depression can only be estimated from population surveys that have been conducted in Oklahoma and nationally. We draw on recent data from the National Survey on Drug Use and Health, which provides prevalence estimates on a very common experience of depression – a major depressive episode. This does not capture all, less severe cases of depression, but it captures the vast majority of depression in the population, especially depression that requires prompt and assertive mental health treatment. The numbers of people with a major depressive episode are rounded to indicate the numbers represent estimates. Deaths from suicide are drawn from the Centers for Disease Control.

Major Depressive Episodes

- The estimated prevalence rate of major depressive episodes among adults in the past year is slightly higher in Tulsa County (7.2 episodes per 100,000) than in Oklahoma (7.0 episodes per 100,000) and the United States overall (6.7 episodes per 100,000).
- An estimated 207,000 Oklahoma adults and 34,000 adults in Tulsa County have experienced a major depressive episode in the past year.
- Across all regions, the prevalence rate of major depressive episodes among youth in the past year is nearly twice the prevalence rate for adults.
- Oklahoma has a slightly higher prevalence rate of major depressive episodes (13.9 per 100,000) among youth compared to the United States overall (13.0 per 100,000). Sub-state prevalence estimates of major depressive episodes are not available for Tulsa County youth. Based on the state-level prevalence estimates, an estimated 44,000 of Oklahoma youth experienced a major depressive episode in the past year.

Estimated Prevalence Rate (and Count) of Major Depression Episodes in the Past Year		
Region	**Ages 12–17[i]**	**Ages 18 and Older[ii]**
United States	13.0 (3,260,000 People)	6.7 (16,500,000 People)
Oklahoma	13.9 (44,000 People)	7.0 (207,000 People)
Tulsa County	**13.9 (7,200 People)**	**7.2 (34,000 People)**

Suicide

Between 2011 and 2017, there were 188 deaths from suicide among youth in Oklahoma and 29 in Tulsa alone. Among adults during the same time period, there were 4,943 deaths from suicide statewide and 806 in Tulsa. Rates per 100,000 in the population – a common metric for comparison – were higher in Oklahoma than nationally.

Suicide Rates Per 100,000 People (and Total Deaths by Suicide), 2011 to 2017[iii]

Region	Average Annual Suicide Rate per 100,000 People – 2011 to 2017 (and Total Deaths from Suicide Across the 7 Years)	
	Adults 18 and Older	Youth 10–17
United States	17.0 (290,784 Deaths)	4.1 (9,566 Deaths)
Oklahoma	24.2 (4,943 Deaths)	6.4 (188 Deaths)
Tulsa	**24.6 (806 Deaths)**	**6.0 (29 Deaths)**

In 2017 alone – the most recent year for which complete data are available – 27 Oklahoma youth and 729 Oklahoma adults died from suicide. The rates per 100,000 in the Oklahoma population were again higher than national rates. (Note that the rates per 100,000 in 2017 are in some cases higher than the rates in the 2011–2017 table above, because the rates above represent an average annual rate per 100,000 in the population over the seven-year time period.)

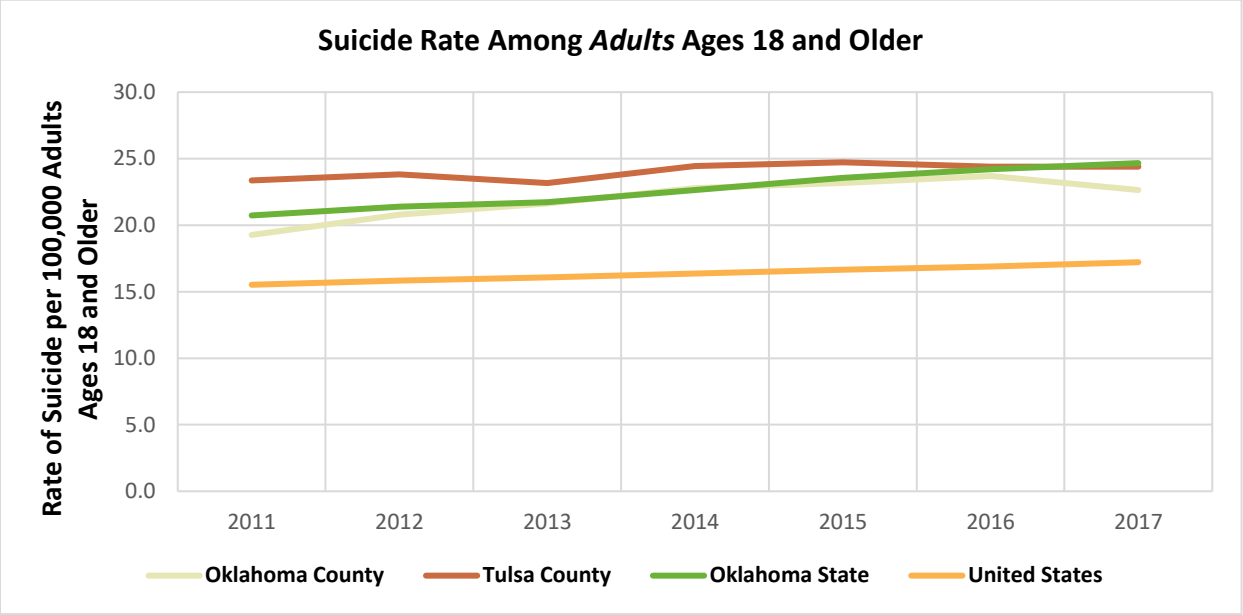
Suicide Rates Per 100,000 Individuals (and Total Number of Suicides) in 2017

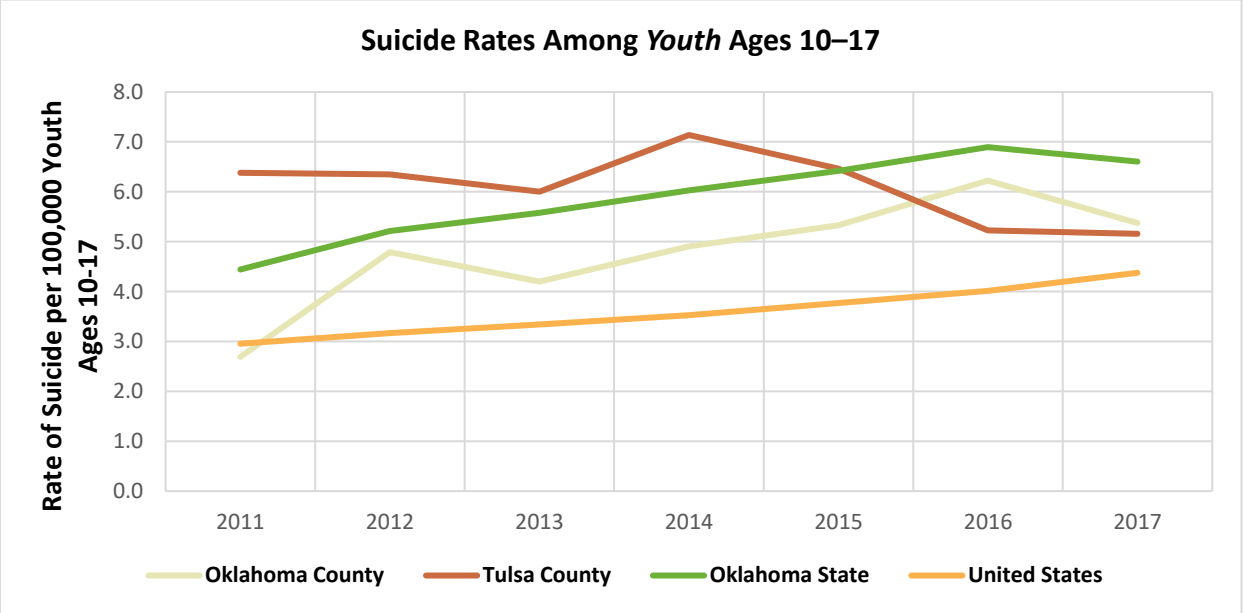
Region	Suicide Rate per 100,000 Individuals in 2017 (and Total Number of Suicides)	
	Ages 18 and Older	Ages 10–17
United States	18.0 (45,390 Deaths)	5.3 (1,773 Deaths)
Oklahoma	24.5 (729 Deaths)	6.3 (27 Deaths)
Tulsa	**23.4 (113 Deaths)**	**5.6 (4 Deaths)**

Trends in Suicide Rates

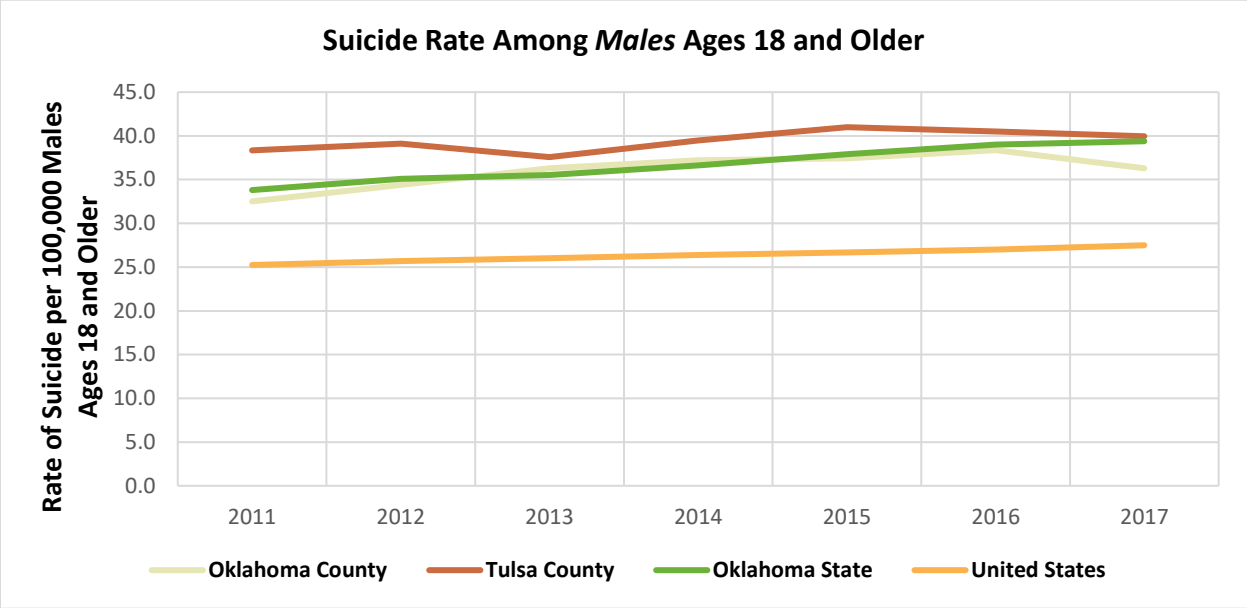
The graphs presented below depict five-year moving averages from 2011 to 2017.[iv] (As a further comparison point, the data in the graphs now include Oklahoma County.) Moving averages help smooth trend lines to examine change over time more easily. As the graphs on the last two pages of this document show, suicide rates are higher for males than for females.

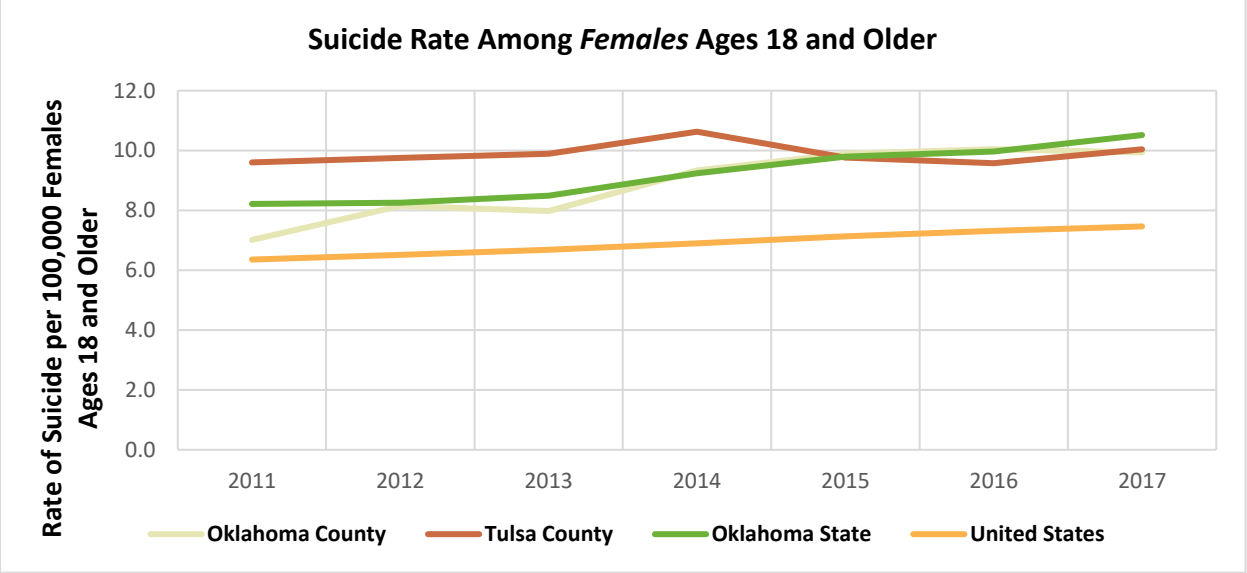
Suicide Trends by Age, 2011–2017





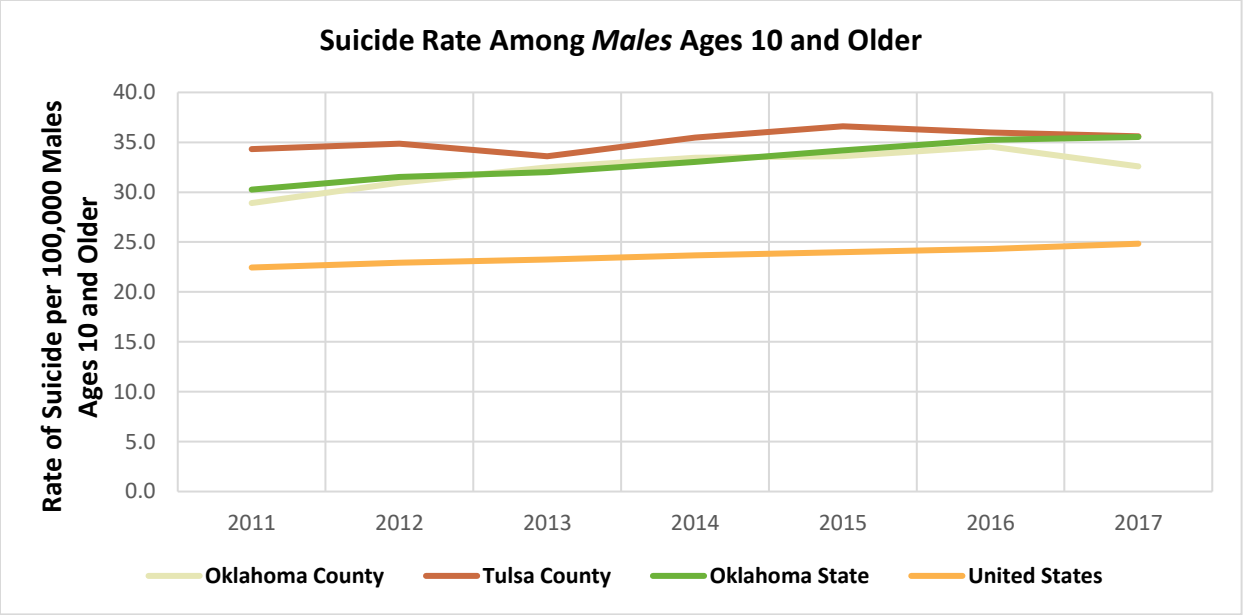
Suicide Trends by Sex – Adults Ages 18 and Older, 2011–2017

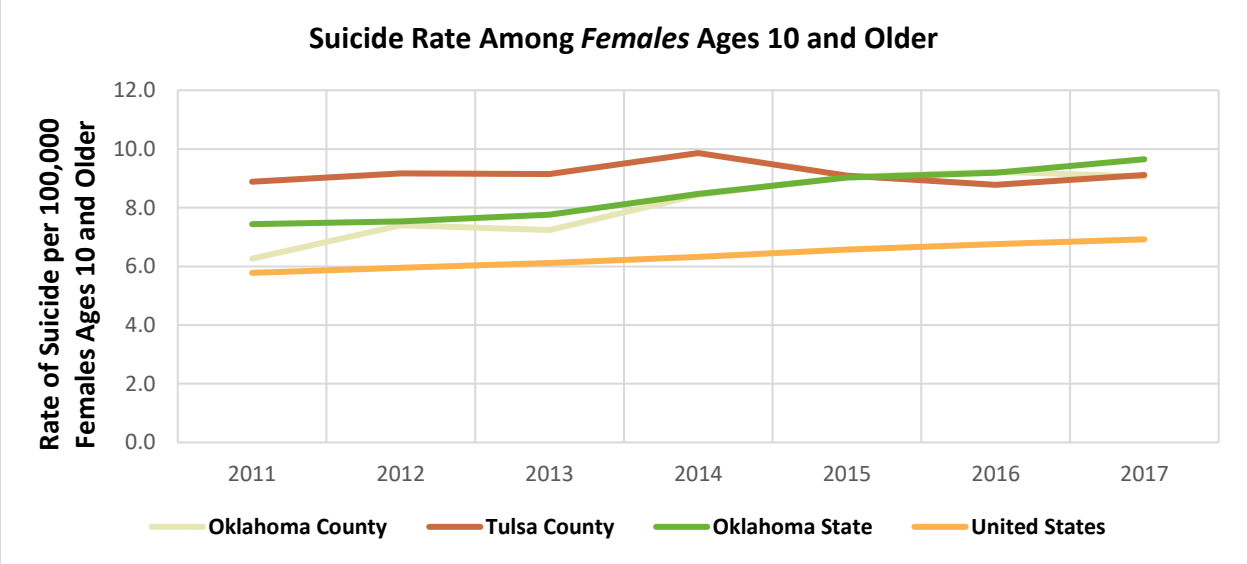




Suicide Trends by Sex – All Ages 10 and Older, 2011–2017

The following two graphs combine ages 10–17 and 18 and older, for both males and females, separately. Because suicide rates are higher for adults, the rates per 100,000 in the population for ages 10 and older are lower than what was depicted for adults alone (ages 18 and older) in graphs on the previous page.





[i] Prevalence of major depressive episodes in the past year among youth is based on Oklahoma's statewide estimates obtained from the 2016–2017 National Survey on Drug Use and Health (NSDUH) State Prevalence Estimates. Retrieved from https://www.samhsa.gov/data/report/2016-2017-nsduh-state-prevalence-estimates. Sub-state estimates are not available for youth 12 to 17, so Oklahoma's statewide estimates were applied to Tulsa's 12-17 population.

[ii] For adults, we do not have to apply statewide rates to Tulsa, because the NSDUH has sufficient data specifically from Tulsa County to allow for more accurate rates. However, the most recent NSDUH data available from Tulsa County are from 2014-2016. Therefore, prevalence of major depressive episodes in the past year among adults is based on Tulsa County's estimates obtained from the 2014–2016 National Survey on Drug Use and Health State Prevalence Estimates. Retrieved from https://www.samhsa.gov/data/nsduh/2014-2016-substate-reports

[iii] Suicide data are drawn from: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from

the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html

[iv] Moving averages represent the rate, at any given date, over the past five years. This is a technique commonly used in the field of economics and provides a useful examination of trends. Suicide data are again drawn from: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html