



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH

PROTECTING HEALTH, IMPROVING LIVES

Fiscal Years 2021-2023 Suicide Prevention Report

Illinois Suicide Prevention Alliance

Created by Public Act 095-0109

December 2023

The Illinois Department of Public Health and the Illinois Suicide Prevention Alliance want a society where people, especially those at risk of suicidal behaviors, can live to their full potential.

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<u>Nationally¹</u>	<u>Illinois²</u>
<ul style="list-style-type: none"> ✓ On average, every 11 minutes, a person dies by suicide. ✓ The total number of deaths by suicide increased 2.6% from 2021 to 2022. ✓ The suicide rate among males was 4.0 times higher than the rate among females in 2021. ✓ People ages 85 and older had the highest crude rates of suicide in 2021 (22.4 suicides per 100,000 persons). 	<ul style="list-style-type: none"> ✓ On average, every five hours and 41 minutes, a person dies by suicide. ✓ The total number of deaths by suicide increased 7.0% from 2021 to 2022. ✓ The suicide rate among males was 3.6 times higher than the rate among females in 2021. ✓ People ages 75-84 had the highest crude rates of suicide in 2021 (16.0 suicides per 100,000 persons).

¹ **Data Source:** CDC Suicide Data Statistics. Available from <https://www.cdc.gov/suicide/suicide-data-statistics.html>. Accessed August 2023.

² **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support. Help is available 24/7 across the United States – Call or text 988 or chat 988lifeline.org. 988 is confidential, free, and available 24/7/365.

Background History

FY21-23 Suicide Prevention Report to the

The Honorable JB Pritzker, Governor of Illinois, and the Illinois Legislature

The suicide problem in Illinois challenges everyone -- advocates, child welfare workers, clergy, communities, educators, families, health care providers, hospital personnel, law enforcement, mental health professionals, physicians, policymakers, prevention specialists, and public health professionals. Efforts by the Illinois Department of Public Health (IDPH) began 22 years ago to address the problem and to reduce the number of suicides and lessen its stigma.

The initial statewide effort to address suicide in Illinois started in 2001 with the establishment of the Illinois Suicide Prevention Coalition by IDPH. The coalition held meetings from 2001 through 2003 with the initial purpose of developing a state plan for suicide prevention. The original plan was completed in 2003 and included recommendations for establishing a comprehensive approach to suicide prevention, which included survivors, families, suicide service providers, state agencies, and community advocates.

In 2004, the Illinois General Assembly passed the Suicide Prevention, Education and Treatment Act [Public Act 093-0907](#). [The act](#) required IDPH to establish a Suicide Prevention Strategic Planning Committee and specified requirements for the appointment of members.

To unify planning work and advance suicide prevention efforts, an alliance was created in 2007 between the Illinois Suicide Prevention Strategic Planning Committee and the Illinois Suicide Prevention Coalition. Legislation was passed officially changing the name of the committee to the Illinois Suicide Prevention Alliance – [Public Act 095-0109](#) - and was signed into law on January 1, 2008.

[Public Act 101-0331](#) revised the Suicide Prevention, Education, and Treatment Act, effective August 9, 2019. The act envisioned the establishment of an infrastructure for suicide prevention, the development of a comprehensive plan to prevent suicide, and funding to implement that plan. The act took the first step by giving IDPH responsibility for coordinating statewide suicide prevention, intervention, and postvention programs, services, and efforts. The completion of the [Illinois Suicide Prevention Strategic Plan 2020](#) fulfilled the second step by providing a comprehensive, public health-based strategy to prevent suicide. The third step was to secure funding to implement the plan. During

FY22, funds were included in the state budget to support IDPH suicide prevention infrastructure and strategies in the state plan. The first suicide prevention coordinator started in July 2022.

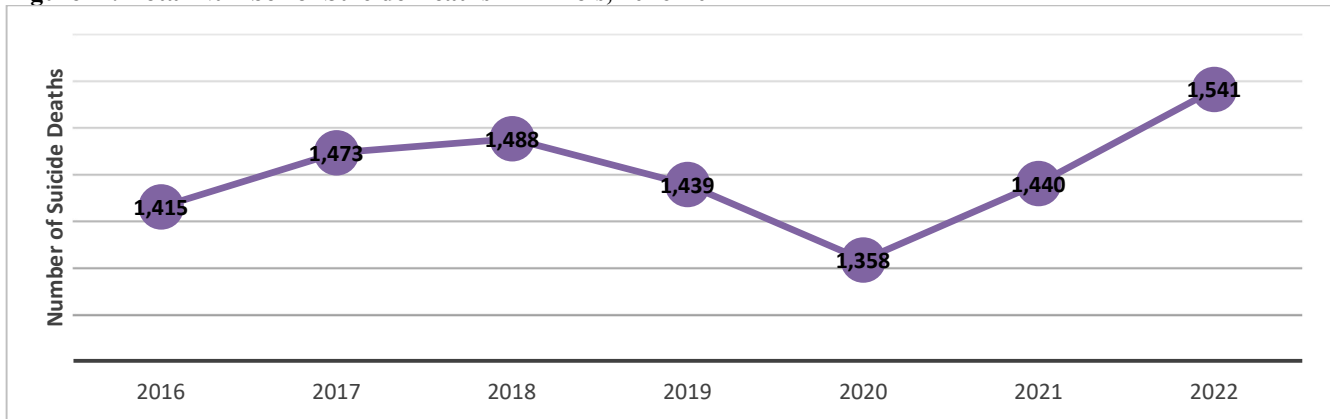
The alliance's purpose is to bring together public and private organizations and stakeholders concerned with mental health to implement the goals and objectives that reduce this tragedy, using a positive, public health approach. The alliance reflects a multi-disciplinary membership appointed by the IDPH director. Appointed membership represents state agencies, organizations that focus on the prevention of suicide and the improvement of mental health treatment, suicide survivors, mental health consumers, first responders, researchers, and those representing at-risk populations. In addition to the appointed members, numerous stakeholders assist in the alliance's work.

This report narrative captures the FY21-FY23 work of IDPH and its advisory board, the Illinois Suicide Prevention Alliance, along with other state suicide prevention efforts.

The Impact of COVID-19

The COVID-19 epidemic, which started in 2020, significantly impacted public health in many ways, including an impact on suicide rates and the distribution of those rates among different Illinois population groups. The total number of suicide deaths fell from 1,488 in 2018 to 1,358 in 2020 but rose 13.5% to 1,541 in 2022 (Figure 1).

Figure 1³: Total Number of Suicide Deaths in Illinois, 2016-2022*



*Illinois, all ages, all races, all ethnicities, all genders. 2022 data provisional.

Additionally, the rates of suicides changed overall and for individuals of different sexes. The overall age-adjusted rate of suicides in Illinois dropped 7.1% between 2018 and 2020, and then rose 5.7% between 2020 and 2021 (see Table 1 below and Figure 9 on page 37). The rate of male suicides in Illinois decreased by 6.4% between 2018 and 2020 but increased 3.5% between 2020 and 2021 (see Table 1 below and Figure 10 on page 37). The rate of female suicides decreased by 12.1% between 2018 and 2020 but rose 10.5% between 2020 and 2021.

Table 1⁴: Illinois Percent Change in Age-Adjusted Suicide Rates by Gender Prior to Introduction of COVID-19 and After, 2018-2021

Sex	Percent Change in Age-Adjusted Suicide Rates	Percent Change in Age-Adjusted Suicide Rates
	2018-2020	2020-2021
All	-7.1%	5.7%
Females	-12.1%	10.5%
Males	-6.4%	3.5%

³ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

⁴ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

The changes in suicide rates varied for different segments of the population (see Table 2, Figure 12 on page 39, and Figure 13 on page 39). Specifically, non-Hispanic Black males and females showed the greatest increase in crude suicide rates from 2018 to 2020. Hispanic females and non-Hispanic Black females showed the greatest increase in suicide rates between 2020 and 2021. Alternatively, Hispanic females and non-Hispanic White females experienced the greatest decrease in crude suicide rates between 2018 and 2020. Non-Hispanic females and males of other races showed the greatest decrease in crude suicide rates between 2020 and 2021.

Table 2⁵: Illinois Percent Change in Crude Suicide Rates by Race, Ethnicity, and Gender Prior to Introduction of COVID-19 and After 2018-2021

Race/Ethnicity/Gender	Percent Change in Crude Suicide Rates 2018-2020	Percent Change in Crude Suicide Rates 2020-2021
Hispanic Females	-25.4%	38.3%
Non-Hispanic White Females	-17.5%	9.1%
Non-Hispanic White Males	-11.5%	5.2%
Non-Hispanic Males, Other Races	13.2%	-37.1%
Hispanic Males	17.3%	6.1%
Non-Hispanic Females, Other Races	19.8%	-47.3%
Non-Hispanic Black Males	22.6%	16.4%
Non-Hispanic Black Females	44.7%	38.1%

The continuing increase in crude suicide rates among non-Hispanic Black females, non-Hispanic Black males, and Hispanic males in Illinois since 2018 are cause for concern and warrant additional attention in data analytics and suicide prevention efforts.

⁵ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Illinois Suicide Prevention Strategy

The Illinois Suicide Prevention Strategy recommendations are based on the 2012 National Strategy for Suicide Prevention.

- **Strategic Direction 1. Healthy and Empowered Individuals, Families, and Communities**

Suicide prevention should follow a public health model that provides a role for all elements of the community.

- Goal 1. Integrate and coordinate suicide prevention activities.
- Goal 2. Utilize communications to change attitudes and behaviors toward suicide and behavioral health.
- Goal 3. Increase understanding of protective factors and how to promote wellness and recovery.
- Goal 4. Promote responsible media reporting of suicide.

- **Strategic Direction 2. Clinical and Community Preventive Services**

Clinical providers and community preventative services should be provided tools to reduce suicide risk factors and to promote protective factors.

- Goal 5. Promote wellness and prevent suicide and related behaviors.
- Goal 6. Reduce access to lethal means of suicide.
- Goal 7. Provide training to community and clinical service providers.

- **Strategic Direction 3. Health Care Providers**

Health care providers should adopt a comprehensive suicide prevention program with an aspirational goal of “zero suicide.”

- Goal 8. Implement a comprehensive suicide prevention program.
- Goal 9. Provide effective care transitions.
- Goal 10. Provide care and support to individuals affected by suicide deaths and attempts.

- **Strategic Direction 4. Surveillance, Research, and Evaluation**

Illinois should promote comprehensive public health surveillance, research-based suicide prevention programs, and regular evaluation and improvement of programs.

- Goal 11. Improve the timeliness and usefulness of data and the ability to use that data.
- Goal 12. Promote and support suicide prevention research.
- Goal 13. Evaluate the impact and effectiveness of suicide prevention programs.

[Illinois Suicide Prevention Strategic Plan 2020](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020red) –

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020reduced.pdf>

Accomplishments – FY21-23

Illinois Suicide Prevention Alliance activities

- **The Illinois Suicide Prevention Alliance (ISPA)** met quarterly and discussed statewide suicide prevention efforts. Standing agenda items at the ISPA meetings included updates on suicide prevention-related legislation; adolescent suicide prevention ad hoc committee activities; 988 planning and implementation efforts from the Illinois Department of Human Services (IDHS); Governor’s Challenge: To Prevent Suicide Among Service Members, Veterans, and their Families efforts led by IDHS; and updates from partners on suicide prevention activities. The alliance discussed and strategized on the dissemination of the Suicide Prevention Strategic Plan, the allocation for state funding received for suicide prevention activities, revised the bylaws to include more board members and expand the representation of behavioral health providers, and aided in the planning of the 2022 Suicide Prevention Summit that saw more than 550 participants. The alliance also helped to inform the grant writing for the Grant Lee Smith State/Tribal Youth Suicide Prevention grant that was awarded to Illinois in 2022.

FY21-23 Activities by state agencies *(listed alphabetically)*

- **Illinois Department on Aging (IDoA)** - In the current [State Plan on Aging](#), the IDoA places an emphasis on linking older adults to services that address behavioral and/or mental health concerns, combatting social isolation and loneliness, and fostering social connections within communities. IDoA has prepared training materials on trauma-informed care to provide targeted training to staff at 13 Area Agencies on Aging (AAAs). IDoA will also offer a conference session on trauma-informed care. IDoA has expanded programming to combat social isolation and loneliness in older adults. IDoA’s Illinois Care Connections program provides technology bundles, including tablets and hotspots, to older adults across the state to increase social connectedness and engagement. Between July 1, 2021-June 30, 2023, IDoA and its partner, the Illinois Assistive Technology Program, provided more than 750 technology bundles to older adults in addition to instructions and training on how to use the devices. Through its AAAs, the IDoA supported activities and programming designed to promote physical, mental, social, and emotional well-being, such as congregate dining, senior centers, fitness classes, and support groups.
- **Illinois Department of Human Services – IDHS’ Division of Mental Health (DMH)** has been participating in the Illinois Suicide Prevention Alliance by delegating one of its leadership team members to the committee. Additionally, DMH has worked to prevent suicide by delegating a member of their leadership team to head the Illinois Governors Challenge to Prevent Suicide among Service Members, Veterans, and their Families. The Governor’s Challenge requested \$2 million in state funding to advance its strategic action plan. The team is comprised of a combination of governmental state agencies, public partners, and various stakeholders. This group of passionate, devoted professionals is working in collaboration with one another, to create and to implement a strategic action plan for the state regarding the prevention of suicide among

veterans. The McCormick Foundation is a partner that joined the team and provided between \$100,000-\$150,000 to work on an advertising campaign to prevent suicide among service members, veterans, and their families through their fundraising efforts.

Additionally, state Rep. Stephanie Kifowit (a member of the Governor's Challenge team) successfully lobbied the legislature for an additional \$5 million for suicide prevention efforts and was assigned to DMH for distribution towards suicide prevention efforts. The DMH executive leadership team agreed to work in conjunction with the Illinois Department of Veterans' Affairs (IDVA) by allocating \$2.5 million of this funding to help train IDVA staff working with veterans on suicide prevention strategies using Mental Health First Aid. The remaining \$2.5 million will be used to address mental health issues that impact the state's overall population. DMH is planning to hire staff through personal service contracts to work on suicide prevention. IDHS has also worked to develop an application linking those at risk for suicide with dispatch and the Suicide Prevention Lifeline with location access to provide first responders an immediate location in case of emergency. The application would address suicide risk and those struggling with substance use disorder by linking to substance abuse services.

- **Illinois Department of Public Health (IDPH)** - IDPH received the Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022 to fund expansion of depression screening in school-based health centers, technical assistance for suicide prevention efforts in schools, timely referrals of students identified at risk, and training to identify students at risk for suicide. Through state funding, IDPH was able to hire a full-time suicide prevention coordinator and advance the state strategic plan. The IDPH Maternal and Child Health (MCH) program supported a graduate intern position with the IDPH Violence and Injury Prevention Section to assist with adolescent suicide prevention strategies. MCH staff released a report on suicidal behaviors among Illinois youth and associated risk factors. IDPH worked with the Illinois Suicide Prevention Alliance subcommittees to create a gubernatorial proclamation declaring September Suicide Prevention Month, surveyed schools to identify avenues to help meet their suicide prevention-related mandates, created resources for schools and guidelines for the media when discussing suicide related deaths, created an interactive map of suicide prevention related activities throughout the state, and will assist the recipients of the funding available from the Grant Lee Smith State/Tribal Youth Suicide Prevention Grant. IDPH also applied for two federal funding opportunities, Implement Zero Suicide in Health Systems and Comprehensive Suicide Prevention, which were approved but not funded. IDPH is updating the injury, violence, and suicide data book to include the most up-to-date state suicide statistics. IDPH has hired a master's level epidemiologist to address unintentional and intentional injuries, which include suicide, gun violence, vehicular accidents, sexual assault, and emerging injury cases.
- **Illinois Department of Veterans' Affairs (IDVA)**- IDVA is dedicated to statewide efforts to end veteran suicide and is a proud partner of the Illinois Governor's Challenge, a campaign to prevent suicide among service members, veterans, and their families (SMVF). The Governor's Challenge encourages people from across the state to become part of this crusade to prevent suicide among

SMVF. Over the course of the past year, it created messaging disseminated through news releases, public service announcements, social media, and events. The three-pronged approach includes hear the call: look for warning signs of crisis, spread the word: share relevant information, and increase safety by all means: reduce access to lethal means. IDVA has helped develop messaging and external communications, including public service announcements, social media, news releases, and events. IDVA Director Terry Prince has been involved in strategy and delivering of messages. The Governor's Challenge also launched a training portal for people to become skilled in suicide prevention. Its goal is to train 70,000 medical professionals, including hospital staff, primary care physicians, police, fire, EMTs, correctional officers, state and local veteran service organizations, social workers and therapists, workplace leaders, school principals, teachers and counselors, faith leaders, and others. Participants will be trained in best practices for preventing suicide by professionals in the field of behavioral health and suicide prevention. The online and in-person program includes 15- 20-minute training modules. Training participants will earn certificates of completion and licensed employees can earn continuing education units (CEUs) upon course completion. IDVA has entered a one-year contract with Illinois Joining Forces to execute the Illinois Warrior Assistance Program (IWAP), a 24/7 warm helpline and resource for veterans, their families, and caregivers. The free and confidential service was initiated by the state in 2011 to assist veterans transitioning from military service and challenged with post-traumatic stress disorder (PTSD), mild traumatic brain injury, military sexual trauma, stress, anxiety, depression, addiction, substance abuse, and overall emotional wellness. IWAP provides access to a 24/7 warm helpline, resource navigation, and case management that includes assessment, case planning, implementation (service connection), monitoring, and follow-up. IDVA is actively involved with K9s for Veterans in educating veterans about the benefits of a service dog through its educational programming and events, particularly presentation of service dogs to their owner and ceremonies at the Forgotten Warrior Memorial remembering those who have lost the battle with PTSD. IDVA will continue to engage with all efforts directed at preventing veteran suicide. The IDVA hired a public information officer with the intent to develop a website and Facebook page devoted to providing community resources on mental health and veteran suicide with Adams County functioning as the pilot for the program. IDVA wrapped buses across Adams County, in partnership with Mesmerize, with suicide prevention logos and the telephone number of the suicide prevention hotline. These efforts were in partnership with the Adams County Suicide Prevention Coalition that intends to develop more public material. In conjunction with Transitions of Western Illinois, a mental health facility, the *Living Room* program has progressed to provide counseling services for those who do not need intensive care but could benefit from guided conversations.

- **Illinois State Board of Education (ISBE)** – ISBE hosted its second annual Wellness Conference, which featured three tracks of interest: nutrition, physical activity, and social emotional learning. The ISBE Student Care Department hosted a session that included discipline and impacts of emotional outbursts at school. ISBE is home to the *Statewide Student Advisory Council*, which presented on the impact of COVID-19 from the perspective of students. An overview of the Resilience Education to Advance Community Healing (REACH) was also presented. The *Safe2Help Illinois* program overview was provided to highlight efforts to give students who know of someone in need the opportunity to report the concern. ISBE released a social media campaign

during Mental Health Month in May that highlighted several schools working on various initiatives as part of their *Illinois AWARE Project*. ISBE's social and emotional learning hubs offered trauma training, working the *REACH* initiatives, and continued to work on the strategic plan activities to bring awareness and training.

- **Illinois State Police (ISP)** - As critical incidents occurred throughout FY21-23, Employee Support Services (ESS) team members reached out to affected employees and shared information regarding ESS programs and resources available for line of duty deaths. ISP EES assisted in 10 critical incident stress management (CISM) debriefs held in 2022. ISP also partnered with external CISM teams to fully incorporate follow-up services into the CISM process. ISP peer support advisors and chaplains were made available after the CISM debriefs. Multiple significant Peer Support Program (PSP) milestones were accomplished beginning with its most expansive ISP-sponsored peer support training offerings. Information was sent to employees to note additional resources available on a CMS University website. Additionally, ESS provided several pieces of training to different ISP work units to cover a range of topics, including chaplain, peer support, employee assistance, and personal support programs for ISP personnel and their families. ISP provided several trainings about peer team building, wellness training for assisting individuals in crisis, and group crisis intervention. ISP provides training to command and executive staff in identifying situations averse to the officers and stopping the fatal factors in law enforcement suicides and reducing organizational stress and mental health care for self, family, and community. The ISP Division of the Academy and Training (DAT) started a 40-hour crisis intervention training (CIT) program, where officers receive intensive training on recognizing and addressing individuals in the community who have a mental illness or other behavioral health crisis. The CIT training program is a specialized course for officers. Officers receive training in topics such as mental illness/signs and symptoms, co-occurring disorders, child and adolescent issues, medical conditions, psychotropic medications, law enforcement response, and legal issues. They also learn advanced communication and de-escalation techniques, partake in exercises, have an opportunity to participate in discussions with individuals who have a mental illness and/or their family members, and exercise their skills in realistic scenario role plays. The ESS Team and the DAT have taken a forefront approach by providing training and highlighting the programs for ISP employees and their family members during 2022. The goal was to minimize the barriers for an employee, their family members, and the community seeking help if the need arises and to make the contact information easily available.

Illinois Department of Corrections (IDOC) – IDOC is committed to suicide prevention by utilizing prevention strategies consistent with the 2020 Illinois Suicide Prevention Strategic Plan and the 2012 National Strategy for Suicide Prevention. IDOC takes death by suicide seriously and has been relentless in searching for ways to ensure individuals in its custody remain safe. IDOC believes a critical step to achieve this goal is robust data collection and analysis. Analyses of data has led to IDOC implementing clinically sound changes to its policies (e.g., tracking antecedent conditions that lead to use of crisis level of care, introducing evidence-informed interventions, improving CIT curriculum, and developing a strong instrument for reviewing suicide and self-injuries). In 2017, under the auspices of the Office of Mental Health Management Services, IDOC implemented a

continuous quality improvement process to guide facilities through a discussion of the mortality review process. Information derived from these meetings opened the door for initiatives and policy changes throughout the IDOC system. A Crisis Care Reform Team now meets regularly to discuss innovative approaches to service delivery for individuals who are in a crisis level of care. This team has increased the crisis level of care therapeutic services with evidence-informed curricula and developed a “crisis and acute care toolbox” that clinicians can utilize as they work to stabilize patients in crisis. One of the most significant contributions that came from this team was the creation of “soothing room/wall murals” in several facilities. IDOC has plans to create these types of rooms in all its facilities. IDOC recently updated its 24-hour CIT curriculum to address suicide risk associated with mental illness and special populations, including individuals identified as transgender, and teaches improved interviewing strategies utilizing role play and documentation. In March 2022, IDOC created the Review of Suicides and Self-Injuries (ROSSI) instrument to review and record data of deaths determined to result from suicide as well as self-injurious behaviors not resulting in death to provide more contextual information on the reasons an individual died by suicide or the reasons an individual was propelled to self-injurious behaviors. Since September 2021, IDOC has collaborated with Dr. Thomas Joiner, a leading expert on suicide from Florida State University. The Joiner Lab evaluated the psychometric properties of the IDOC’s ROSSI and concluded it has strong validity and reliability in what it intends to measure. IDOC foresees more opportunities for empirical studies and outcome measures as it collaboratively works with the Joiner Lab. IDOC endeavors to be at the forefront in research on understanding and reducing suicide in corrections.

Activities by stakeholders during Suicide Prevention Month (September)

Each year, September marks the beginning of suicide prevention awareness month, during which time ISPA stakeholders hold and participate in events with a focus on increasing awareness of suicide as a health risk and bringing to light efforts to reduce the impact of suicide.

Several stakeholders developed social media campaigns in 2021 through 2023 on Facebook and Instagram. These campaigns included support for the National Suicide Prevention Hotline, the American Foundation for Suicide Prevention, and #REACHOUT, which asked for pledged support for veterans at risk of suicide. Stakeholders also participated in news media interviews focused on suicide prevention efforts.

Training was presented to members of the community through stakeholder initiatives throughout the month. Students were trained as suicide gatekeepers through question, persuade, refer (QPR) training on college campuses. SAVE training was provided with the help of the University of Illinois Chez Center for Veterans. Stakeholder training efforts were conducted both in person and virtually to accommodate efforts to minimize contact and to continue social distancing efforts.

ISPA stakeholders worked with colleges and universities and other community organizations to host runs to raise awareness for suicide prevention across the state. In Decatur, an annual

Operation Obstacle event was held in 2021 with more than 50 participants to complete a two-mile-long obstacle course to support suicide prevention and raise awareness, which continued in 2022 and 2023. In Peoria, the Heart of Illinois Jeeps Against Suicides run was hosted in September 2022 and participants were provided with “swag bags” after the event.

Activities by stakeholders conducted through the fiscal year (as shared during ISPA meetings)

During ISPA meetings, stakeholders are invited to share information about their activities. Below is a summary of the work being done by stakeholders throughout the state.

The *Adams County Suicide Prevention Coalition* has developed a task force to provide emotional support to staff dealing with COVID-19 related anxiety and depression, potentially putting them at risk of suicide. National Suicide Prevention Lifeline stickers were distributed to schools to place on student ID cards so students can be aware of the resource. The coalition hosted a *Love Essential* fundraiser in partnership with community jewelers to raise money for suicide prevention efforts where bidders can direct resources to specific causes and projects. A workshop to enhance community understanding of cognitive behavioral therapy (CBT) had more than 70 people in attendance. Left Behind / Moving Forward based out of Quincy has developed a closed Facebook group to provide support to suicide survivors over Zoom. The Adams County Suicide Prevention Coalition partnered with TriState Veterans to develop more suicide prevention programs for veterans in the tri-state area. The coalition identified and prioritized three goals within the state strategic plan to work on: 1) implement a comprehensive program, 2) provider training to community and clinical service providers, and 3) provide effective care transitions. The coalition has raised \$88,000 from 2021 to 2023 through their Behind the Mask events, grants from Dot Corporation, and the Max Wombles golf event. The coalition also held a Sock It to Suicide awareness event where the community dropped off new socks for adults and children that are distributed to local homeless shelters and schools. The coalition is working with the Quincy Police Department and Together with Tri-State Veterans to distribute more than 300-gun locks to the community and to reach out to retail shops selling guns, shooting ranges, and gun shops to hand out gun locks and provide suicide prevention awareness. The coalition has been working with local health care provider agencies to increase awareness around health care professional mental health awareness and to provide trainings and support.

Ann & Robert H. Lurie Children’s Hospital of Chicago received a \$100,000 grant from Cardinal’s Health Foundation with the focus on implementation of the foundations’ *Zero Suicides* program. The grant includes funding for training on the Zero Suicide Institute’s framework for overhauling health systems to better address suicide prevention in health care. Lurie Children’s is one of the first hospitals in Chicago to implement the program.

The *2021 Illinois Suicide Prevention Summit* was held virtually on January 26th and 27th in partnership with the Illinois Suicide Prevention Alliance; the Teamwork to Reduce Infant, Child, and Adolescent Mortality (TRICAM) program of Ann & Robert H. Lurie Children's Hospital of

Chicago; the American Foundation for Suicide Prevention (AFSP) - Illinois Chapter; Riveredge Hospital; Streamwood Behavioral Healthcare System; and the Loyola University School of Nursing. With more than 850 attendees from Illinois, the Midwest, and the United States, participants came from a variety of disciplines, including social work and counseling, nursing, health care, schools (K-12), and academia. Speakers included national leaders in the field of suicide prevention research and individuals with lived experience. With adult and youth tracks, the summit covered topics ranging from suicide screening and risk assessment, evidence-based interventions and treatments, African American youth suicide, the role of Congress in suicide prevention, counseling on access to lethal means, and topics related to law enforcement, military, and veterans. Summit [presentations](#) and session [recordings](#) were archived and available online through AFSP National, providing a national platform for visibility.

The [Teamwork to Reduce Infant, Child, and Adolescent Mortality](#) (TRICAM) program of *Ann & Robert H. Lurie Children's Hospital of Chicago* is focused on addressing the major causes of mortality among 0–24-year-olds. Youth and young adult suicide is a major emphasis of TRICAM and, during 2021, a number of events and resources were developed. In January, TRICAM co-sponsored the 2021 Illinois Suicide Prevention Summit. In partnership with Lurie Children's Hospital's Strengthening Chicago's Youth (SCY), a 'a [Firearm Safety Tool Kit was developed as](#) a resource for health care providers and families, which includes sections on the basics of firearm safety laws in Illinois, ways health care providers can engage parents and caregivers in child firearm safety, resources for parents and caregivers, and ways to advocate for stronger firearm safety laws. For Suicide Prevention Awareness Month, TRICAM updated and re-released its fact sheet on [Illinois Suicides Among Youth Ages 10-19](#) and its [Cook County](#) and [DuPage County Resources on Suicide Prevention and Support for the Pediatric Population](#) guides. Additionally, through a partnership with the Chicago Police Department and the Cook County Sheriff's Office, TRICAM began pilot programs to distribute free cable gun locks to families at Lurie Children's Hospital and in community-based health care settings.

The American Foundation for Suicide Prevention (AFSP) hosted a virtual *International Survivors of Suicide Loss Day*, also called *Survivor Day*, and developed a survivor support group to assist those who have lost someone to suicide. The event's purpose was to bring survivors together to network and share experiences. These efforts increased social support networks for survivors of suicide loss. The AFSP hosted an annual *Out of the Darkness Walk* and *Wellness Week* to help students experiencing feelings of loneliness and/or isolation. The Illinois chapter plans to host trivia nights, meditation classes and *Talk Saves Lives* presentations to address suicide prevention and the stigma surrounding critical conversations about suicide. The AFSP held its annual State Capitol Day with advocate partners to inform and to discuss with legislators upcoming legislation that is of interest to suicide prevention. The group also worked to inform legislators of the funding programs that will be upcoming toward all aspects of the continuum of care. The main goal was to educate legislators on future suicide prevention efforts.

Find Your Anchor is a grassroots suicide prevention movement that arose in Chicago. The movement's goal is to support suicide prevention, awareness, and education. The group creates

small blue boxes packed with resources to help provide information and to support those at risk of suicide. These boxes are left in public places to be found by those in need and at risk of suicide. Because this is a grassroots movement, each box is intended to be individual to the person making it, adding a personal touch to each box. The organization works in conjunction with veterans and teens to develop boxes targeting those respective individuals. The movement is part of the teen Mental Health First Aid program from the National Council for Mental Wellbeing.

Blue Help Illinois was developed by the wife of a suicide victim who served as a police officer for 25 years. The organization was started in 2015 to help police departments and families to reduce mental health stigma through education, advocate for benefits for those suffering from post-traumatic stress, acknowledge the service provided by law enforcement officers lost to suicide, assist officers in healing, and bring awareness to suicide and other mental health issues. The organization participated and hosted fundraising events to create honor boxes for police departments and officer families. In terms of law enforcement suicide prevention, several other stakeholders participated in prevention efforts, including the ISP peer-to-peer support training with the hope of having a retired officer on the team and expansion of the ISP internal peer wellness program.

DocAssist is a stakeholder program developed for health care providers who care for children, adolescents, and perinatal women. It provides a toll-free number for providers to reach board certified child and adolescent psychiatrists to answer questions about behavior health. The group has a website with resources for providers to enhance their ability to treat youth and mothers at risk for suicide. DocAssist is collaborating with IDPH on education providers about adolescent substance abuse. Topics covered include pediatric substance misuse, the impact on children and adolescents, comorbidities, linked risk behaviors associated with substance use, traumatic brain injuries, screening and treatment information, resources, toolkits, and other assistance.

National Alliance for Mental Illness, Illinois Chapter (NAMI-IL) worked toward bringing awareness to mental health and to reducing stigma. Starting in 2022, NAMI-IL has worked with the Illinois Parent Teach Associations to build capacity within the *End the Silence* Program serving high school and junior highs. Additionally, NAMI-IL held an advocacy and messaging workshop in 2022 regarding 988 and Crisis Response and held four media town halls in four different regions around the state. NAMI-IL also worked to expand its local affiliates to Quincy, Springfield-Decatur, and Kankakee.

NORC at the University of Chicago led a pilot for an innovative suicide data collection and fatality review model that created a system to obtain access to timely, comprehensive, and accurate data so counties can use data to inform suicide prevention efforts at the local level.

McHenry County Mental Health Board held its sixth annual suicide prevention conference virtually on September 10, 2022. The board's suicide prevention program has operated for about

four years and reached about 15,000 people, including school districts, rotary clubs, chamber of commerce's, etc. Funded providers were required to have staff attend a presentation as part of their onboarding. The board also hosted a roundtable featuring U.S. Rep. Lauren Underwood and discussed the proposed "*Child Suicide Prevention and Lethal Means Safety Act*" federal legislation.

Lurie's Children Hospital started a gun lock distribution project in 2021 in which it worked with Chicago and Cook County to acquire gun locks for distribution. The majority of the gun locks were distributed through the city and county; however, some were distributed through the hospital.

Southern Illinois University Carbondale (SIU) conducted its annual check day in coordination with the *Jordan Portugal Foundation* where it hosted the local animal shelter, various departments, and multiculture center to provide games and fun activities to get students connected to resources. Presentations on QPR training and Talk Saves Lives were provided for staff and faculty. A social media campaign with positive messaging, warning signs, and risk factors was launched. Students also hosted stress management workshops and core mindfulness classes. SIU served as a host site for the *Out of the Darkness Walk* in collaboration with ASFP. A campus-wide *Saluki Care Day* was held where the students had a day without classes and were free to participate in wellness activities. The campus also received results from a mental health survey that was completed by the National College Health Assessment and utilized the data to formulate events and provide necessary resources.

Veteran's Affairs Illiana Health Care System put on several events, such as the *Race to End Veteran Suicide*, in collaboration with Richland Community College September 25, 2021, and September 24, 2022. The event profits went to support Richland's veteran student support programs. On September 16, 2021, Illiana along with Chester Center and Parkland held a SAVE training and continued to offer virtual SAVE training each semester through the University of Illinois. The Illiana Health System was able to add another case manager to their team specifically working on suicide prevention. Additional campaigns included mailing soup mugs with veteran crisis messaging to veteran's deemed high risk for suicide, holiday boxes were assembled and sent to high-risk veterans who may not have anyone during the holiday time, and 5,000 paper placemats were delivered to restaurants with veteran crisis line information.

The Naomi Cohen Institute held its annual conferences virtually in both 2022 and 2023 and included panel discussion from Johnathan Singer, Dr. Marcus Campbell, and individuals with lived experience, and had themes such as "*It's Tough Enough*" and "*Untying the Human Knot, Managing Stress, and Anxiety in Today's World.*" The institute also held a series of 14 QPR suicide gatekeep trainings online and in-person.

Jared's Keeper's Foundation presented at the *2022 International Crisis Intervention Team Conference* where the team shared their process of empowering teens to help themselves and their peers. There were approximately 1,500 mental health physicians at the conference. There

was also law enforcement present at the convention which mentioned their ambulance service for mental health that allowed patients to be transported anywhere in case of tragedies and/or crisis.

TriState Veterans developed six brochures that turn into either wall or table plastic displays. The group also developed a three-phase veteran public service announcement that included interviews with key leaders in the community, actual veterans, and veteran's families who have experienced a veteran loss.

Conclusion

In conclusion, the Illinois Suicide Prevention Alliance is committed to suicide prevention in Illinois and improving the mental health and well-being of the state's residents. As required by [Public Act 095-0109](#), the alliance is dedicated to overseeing the implementation of the Illinois Suicide Prevention Strategic Plan.

Next steps

Over the next five years, the alliance seeks to develop and to enhance comprehensive suicide prevention, early intervention, and postvention programs and services throughout Illinois, building vital supports across diverse communities.

The following initiatives are recommended next steps in carrying out the goals of the Illinois Suicide Prevention Strategic Plan, pending legislative funding:

- * **Develop Resources to Implement the Activities Outlined in the Suicide Prevention, Education, and Treatment Act, including the Establishment of State Funding Dedicated to the Prevention of Suicide.**
- * **Integrate Suicide Prevention Strategies Within Other Federal, State, and Local Initiatives Addressing Individuals Throughout the Lifespan.**
- * **Increase Illinois' Systems Ability to Integrate Suicide Prevention Strategies Addressing Individuals Throughout the Lifespan.**
- * **Increase Support and Expansion of 9-8-8 Implementation, Emergency Mobile Crisis Response Teams, and Stabilization Units.**
- * **Support, Enhance, and Expand Activities and Programs Aimed at Reducing Access to Lethal Means of Suicide Throughout Illinois, especially for those most at risk.**
- * **Develop and Evaluate Five Model Suicide Prevention Comprehensive Pilot Programs, when funds are appropriated (3-year programs)** - To develop and to evaluate five model, comprehensive programs statewide that include suicide prevention, intervention and postvention in order to provide replicable, evidenced-based outcomes that other communities and service providers can use with adaptations.
- * **Implement a Suicide Prevention, Early Intervention, and Training Initiative Aimed at All Aspects of the Lifespan** - To provide the following specific services:
 - 1) To develop and to enhance the capacity of community gatekeepers statewide through community-based mini-grants to increase suicide prevention and early intervention skills.
 - 2) To assess the current capacity and network of crisis lines in the state.
 - 3) To enhance professional development abilities among multiple disciplines, especially all mental health, social service, clergy, first responders, and school personnel through a statewide conference on suicide prevention.
 - 4) To develop, to enhance, and to support suicide prevention education throughout higher education curriculum in professions that have the opportunity to assess or intervene in an

individual's mental health status and suicidal intentions, including, but not limited to, social workers, teachers, and medical professions.

- * **Continue to Implement the Suicide Prevention Public Awareness Campaign** - To support and to expand the statewide public awareness campaign to reduce the stigma of suicide and to increase awareness of risk factors, including mental illnesses, and to promote linkage to human services for at-risk individuals.
 - i. Mini grants to implement the campaign at the local level.
 - ii. Encourage agencies to promote the campaign within their initiatives.
 - iii. Focus on individuals throughout the lifespan.

- * **Develop and Implement a Suicide Prevention Community Outreach Initiative Including Diverse Groups Throughout the Lifespan** - To build capacity across the state to promote local suicide prevention efforts by building/expanding new effective and efficient coalitions and partnerships.
 - i. Develop and support workplace wellness and workplace development programs aimed at supporting, expanding, and retaining behavioral health personnel and those involved in suicide prevention efforts.

- * **Improve and Implement Suicide Prevention School-based Initiatives** - To support and to build the following school-based initiatives:
 - 1) Professional development related to suicide prevention.
 - 2) Assist school districts to develop and to implement suicide prevention initiatives within their curricula, increase in-school mental health support, conduct staff development, and to educate students and parents/other caregivers.
 - 3) Expand youth-based initiatives within schools, higher education, juvenile justice, and correctional settings.

- * **Improve Suicide Prevention Data Collection and Analysis** - To provide the following services:
 - 1) Maintain, expand, and support the Illinois Violent Death Reporting System (IVDRS) statewide in order to collect more effective and accurate data on suicide deaths in all counties.
 - 2) Work with an epidemiologist to analyze suicide attempt data statewide, to train providers on how to collect better data, and to provide reports on data by county.

- * **Support Suicide Prevention Evaluation and Research** - To support research-based evaluation methods and technical assistance to plan for replication of suicide prevention efforts according to outcome measures.
 - **Support Suicide Prevention Research Related to the Effects of the COVID-19 Pandemic**

Illinois Suicide Prevention Alliance (ISPA)

Members in FY23

Suicide is a complex issue with multiple, interrelated causes and the problem is rooted in both the individual and the environment. This complex issue cannot be addressed by one agency so it is essential to develop collaboration between agencies. This approach was embraced by the alliance and is reflected in the multi-disciplinary membership.

APPOINTED MEMBER	REPRESENTING:	AGENCY
Jenna Farmer-Brackett	Suicide Prevention Program serving rural communities	Centerstone
Chuck Johnson	Illinois Hospital Association	
Hannah Jordan	Representing veteran services	Bob Michel Veteran's Affairs
Eric Davidson	Higher education	Eastern Illinois University
Steve Moore	American Foundation for Suicide Prevention - Illinois Chapter	
Stan Lewy	Survivor of suicide loss	
Mike McCarter	Representing emergency medical services	Blessing Hospital
Katie Jones	Representative for the lesbian, gay, bi-sexual, transgender, and questioning community	

Ex-Officio Members

Teresa Glaze	Illinois Department of Human Services, Division of Mental Health
Julia Strehlow	Illinois State Board of Education
Brian Kieninger	Illinois Department of Public Health
Dana Wilkerson	Illinois Department on Aging
Marcus Gipson	Illinois State Police
Melvin Hinton	Illinois Department of Corrections
Erin Alexander	Illinois Department of Children and Family Services
Aditi Singh	Illinois Criminal Justice Information Authority
Kourtney Hopkins	Illinois Department of Veterans' Affairs
Jennifer Martin	Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues
Jill McCamant	Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues
Rebecca Doran	Illinois State Board of Education
Akil Smith	Illinois State Police
Mary Ratliff	Illinois Criminal Justice Information Authority

Dawn Whitcomb Illinois Department of Veterans' Affairs
Candance Decker Illinois School Board of Education

THE FOLLOWING PEOPLE PARTICIPATED IN A FULL ALLIANCE MEETING OR WORKGROUP MEETING

STAKEHOLDERS AGENCY

Adam Howarth, United States Department of Veterans Affairs
Addie Cline, Hult Center for Healthy Living
Adenike Sosina, Illinois School Board of Education, Regulatory Support and Wellness
Alexa Brant, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues
Ali Borowsky, Find Your Anchor
Amaal Tokars, Illinois Department of Public Health
Amber Clark, United States Department Veteran's Affairs Illiana Health Care System
Amy Starin, Illinois Children's Healthcare Foundation
Anabelle Heddell, Illinois Higher Education Center for Alcohol and Other Drug Prevention
Andrea Guerrero, Waverley School District
Andy Wade, National Alliance on Mental Illness, Illinois
Angelica Hernandez, Illinois Department of Public Health
Angie Thinnes, Thresholds Community Mental Health Center
Ann Craig, Maryville Academy
Anthony Dillard, Elgin Mental Health Center
Ashley Mullen, Jared's Foundation
Ashley Thoele, Illinois Department of Public Health
Becky McFarland, DuPage County Health Department
Becky Doran, Illinois State Board of Education
Beth Morrison, Southern Illinois University Carbondale
Bonnie Hassan, Trinity Services, Inc.
Breanna Beck Kirby, Illinois Department of Public Health
Brett Harris, University of Illinois at Chicago
Bria Oden, Illinois Department of Public Health, Office of Women's Health, and Family Services
Cara Wiley, Illinois School Board of Education
Carie Johnstone, Madrigal Consulting and Counseling, LLP
Carol Wiley, Illinois State Board of Education
Carrie Johnson, Magical Consulting and Counseling
Casey Grice, United States Department of Veteran's Affairs
Cassandra Booth, Illinois Department of Public Health
Christina Aguilar, Advocate Hospitals
Cassandra Johnson

Christina Paskon, Hope for the Day
Christopher Balthazar, Taskforce Prevention and Community Services
Christy Lister, Blue Help Illinois Chapter
Chuck Johnson, Blessing Hospital
Coleen Moore, Behavioral Health Clinic at Marcfirst
Crystal Womack, Illinois Department of Veteran's Affairs
Cynthia Gourneau, American Indian Health Service of Chicago
Cynthia Paidipati, Loyola
Cynthia Watts
Dalus Ben, Avi Centerstone
Dana Lohr, DocAssist
Daniel Martin, New Lenox Safe Communities
Danielle Carleton, Chicago Behavioral Hospital
Deb Martin, Jared's Keeper Foundation
Debbie Nunez, Chicagoland Fibromyalgia and Chronic Pain Organization
Debbie Rueber, United States Department of Veteran's Affairs Lovell
Don Kauerauf, Illinois Emergency Management Agency, Safe2Help
Edward Landreth, Veteran's Integrated Services Network 12
Emily Floramo
Elizabeth Simonton
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Evan Foster, Illinois Department of Public Health, Division of Emerging Health Issues, Office of Health Promotion
Fred Friedman, Renaissance Social Services
Grant Merrell, Living Works Education, Suicide Prevention Manager
Guadalupe Narvaez, FAMily STart (FAST) Learning and Support Center for Literacy
Heather Wilson
Hillary Aggertt, Woodford County Health Department
Holly Bill, Hult Center for Healthy Living
Izhani Rosa, Rosalind Franklin
Jack Rein, Cicero District 99
Jamie Breslin, Family Service Association of Greater Elgin
Janeth Barba, Family Service Association of Greater Elgin
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Jenna Farmer-Brackett, Centerstone
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics
Jennifer McNair

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Jessica Carrillo-Guerrero
Jessica Smiley, Heritage Behavioral Health Center
Jessie Heise Veteran's Affair Jesse Brown
Joanna Su, Illinois Department of Human Services, Division of Family and Community Services
Jodie Segal, Elyssa's Mission
Joel Frieder, Hope for the Day
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John Wuest
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Kimberly Godden, Illinois State Ambulance Association/ Superior Ambulance
Kira Berkoff, Hope for the Day
Kristy Bassett, Edwards Hines Jr. Illinois Department of Veterans' Affair Hospital
Lachell Aaronaeux, National Alliance on Mental Illness Illinois
Laura Trakhtman, United States Department of Veteran's Affairs Great Lakes Health Care System
Lee Ann Reinert, Illinois Department of Human Services, Division of Mental Health
Leia Der, DuPage County Health Department
Leslee Stein-Spencer, Illinois Department of Public Health
Lia Daniels, Illinois Hospital Association
Lindsay Sheehan, Illinois Institute of Technology in Chicago
Lisa Betz, Illinois Department of Human Services, Division of Mental Health

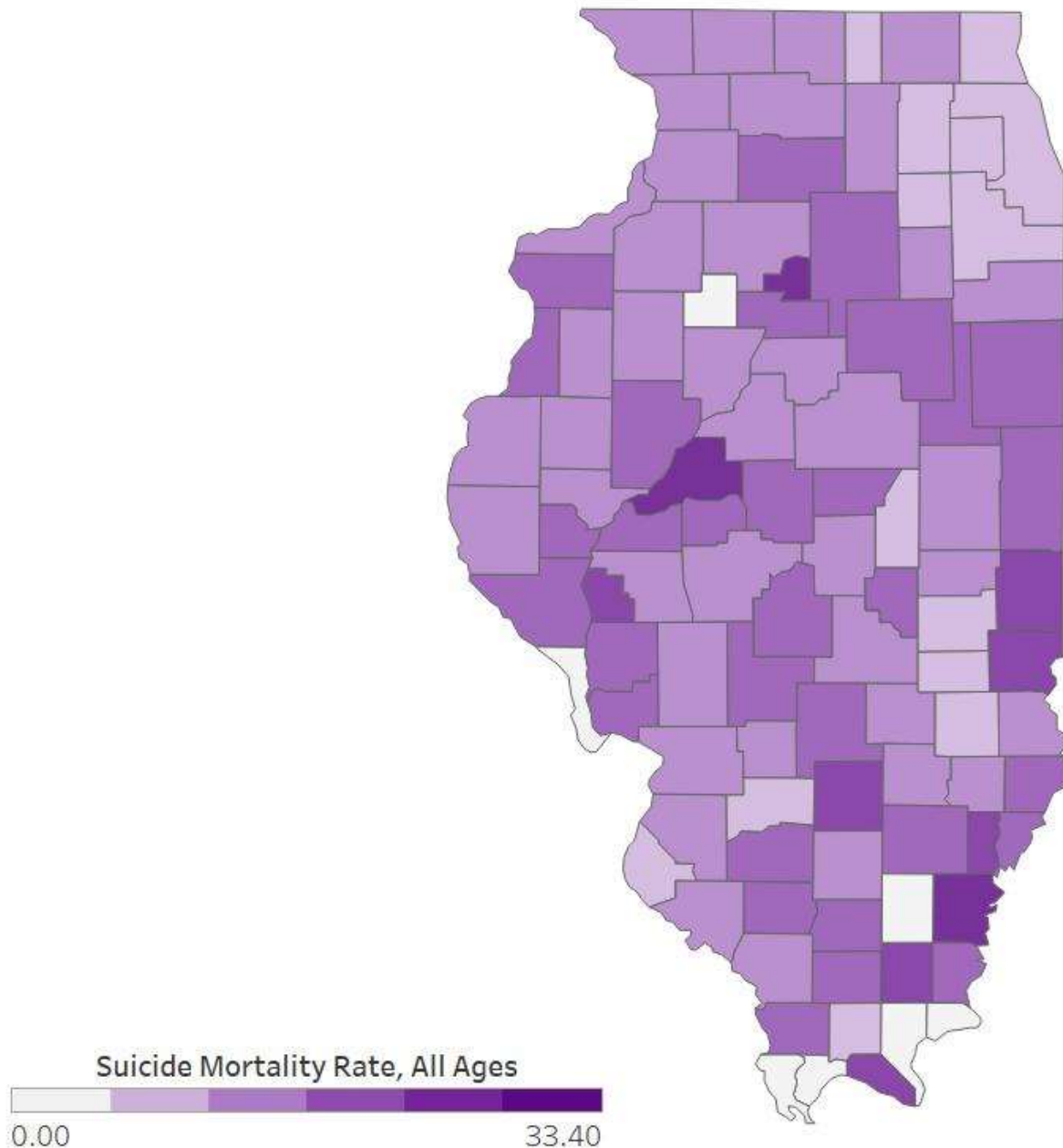
Louis Weber, Illinois State Police
Madiha Quereshi, Teamwork to Reduce Infant, Child, and Adolescent Mortality Program at Lurie Children's Hospital
Madison Palmer, Eastern Illinois University, Illinois Higher Education
Marueen Kunz
Mary Dowdy, Illinois State Police
Maryam Basmenji, Illinois Department of Veteran's Affairs
Maryann Mason, Northwestern University
Maryann Smith, National Alliance on Mental Illness Lake County
Maureen Kunz, Linden Oaks Behavioral Health
Megan Koch, Illinois Department of Public Health, Division of Emerging Health Issues, Office of Health Promotion
Melissa Amison
Meredith Weaver, Clay County Health Department
Michael Deschamps, Illinois Department of Human Services, Substance Use Prevention, and Recovery
Michael Isaacson, Kane County Health Department
Michael McCarter, Blessing Hospital
Michael Predmore
Michelle Langlois, United States Department of Veterans' Affairs, Jesse Brown Suicide Prevention Program
Miriam Smith, National Alliance on Mental Illness Lake County
Monica Susco, Medical Student
Nancy Amerson, Illinois Department of Public Health, Office of Health Promotion
Nazeel Fayral, Southern Illinois University
Neva Wright, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues
Nicole Eschenbach, Family Service Association
Nicole Pieranunzi, Illinois Emergency Management Agency, Safe2Help
Olyvia Phillips, American Academy of Pediatrics
Palma Lacey, Elyssa's Mission
Pam Seubold, Naperville North High School
Pamela Palmentera, City of Chicago
Peter Contos, Illinois Counsel Against Handgun Violence
Rachelle Johnson
Rafiah Maxie, Soul Survivors of Chicago
Randyl Wilkins, Prevention First
Sally Mydill, University of Illinois Chicago
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Sarah Schroeder, Department of Human Services, Division of Mental Health
Sarina Aihls
Scott Block, McHenry Mental Health Board
Sergio Aragon
Shayla Thomas, Hines Veterans' Affairs
Sheri Gibson, A Safe Haven
Sherry Johnson, Medical Consulting in Counseling
Sherrie Harlow, Southern Illinois Healthcare
Sherry Johnson, Medical Consulting in Counseling
Stanley Lewy, Suicide Prevention Association
Steven Lomelino, Life Experience
Steve Moore, Illinois Chapter of the American Foundation for Suicide Prevention
Steven Binns, University of Chicago
Tami Tunnel, Aunt Martha's
Tammy Cromwell, Call for Help
Tandra Rutledge, American Foundation for Suicide Prevention
Tawanna Smith
Taylore Davis, National Alliance on Mental Illness Illinois
Tim Albores, Plainfield School District
Tom Howard, First Responder Peer Initiative
Tony Webster, Illinois State Police
Tracy Levine, Naomi Ruth Cohen Institute for Mental Health Education
Trang Pham-Smith, Advocate Children's Hospital
Trenda Hedges, Beacon Health Options (Illinois Warm Line)
Valencia Williams, Behavior Health Coordinator
Valerie Wyant, Elyssa's Mission
Veronica Cullinan, Sertoma Center Inc
Veronica Trimble, Illinois Department of Human Services, Division of Mental Health
Victoria Freier, Linden Oaks Behavioral Health Hospital
Vince Walsh-Rock, Illinois School Counselors Association

Appendix 1: Illinois Suicide Data

Illinois Suicide Mortality Rate Maps by County 2013-2021

Figure 2⁶: Illinois Age-Adjusted Suicide Mortality Rate by County, All Ages, 2013-2021

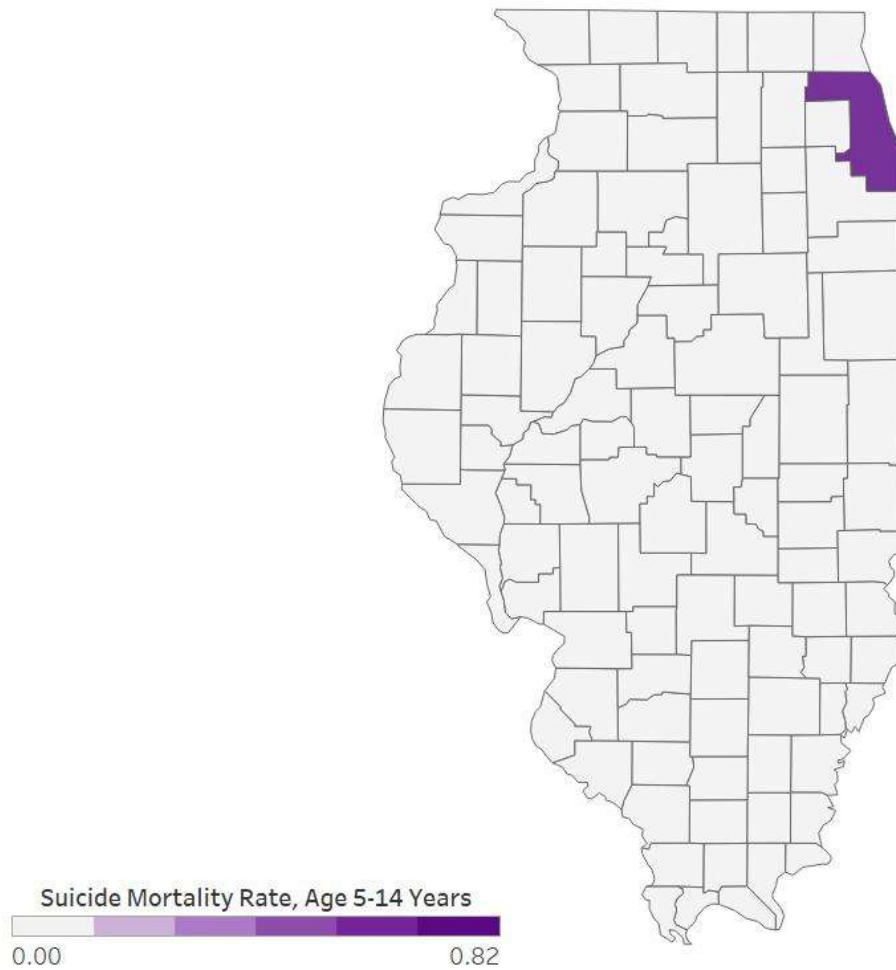


***Note:** Age-adjusted rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

⁶ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Figure 3⁷: Illinois Age-Specific Suicide Mortality Rate by County, Age 5-14 Years, 2013-2021

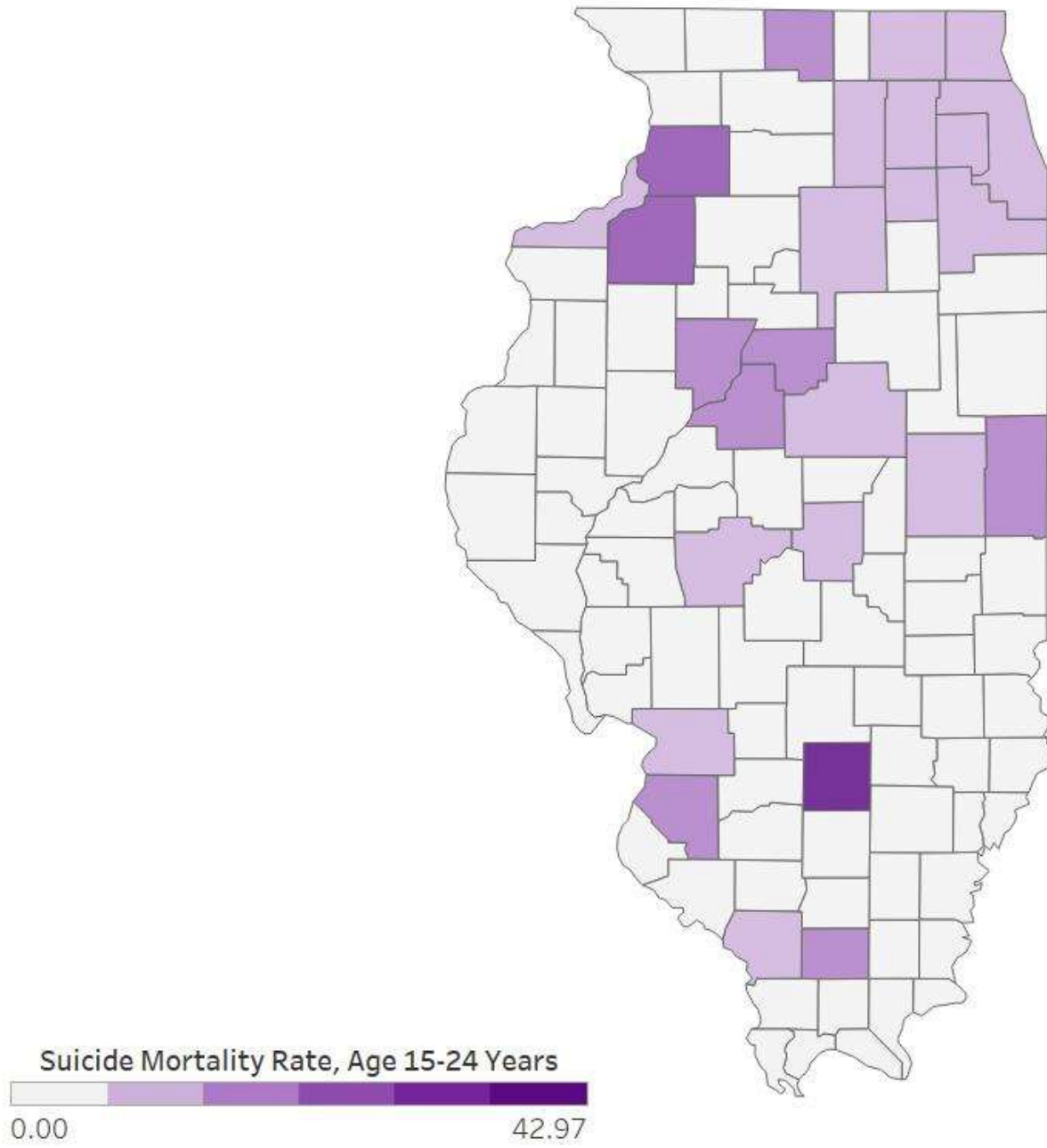
***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021, and



10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

⁷ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

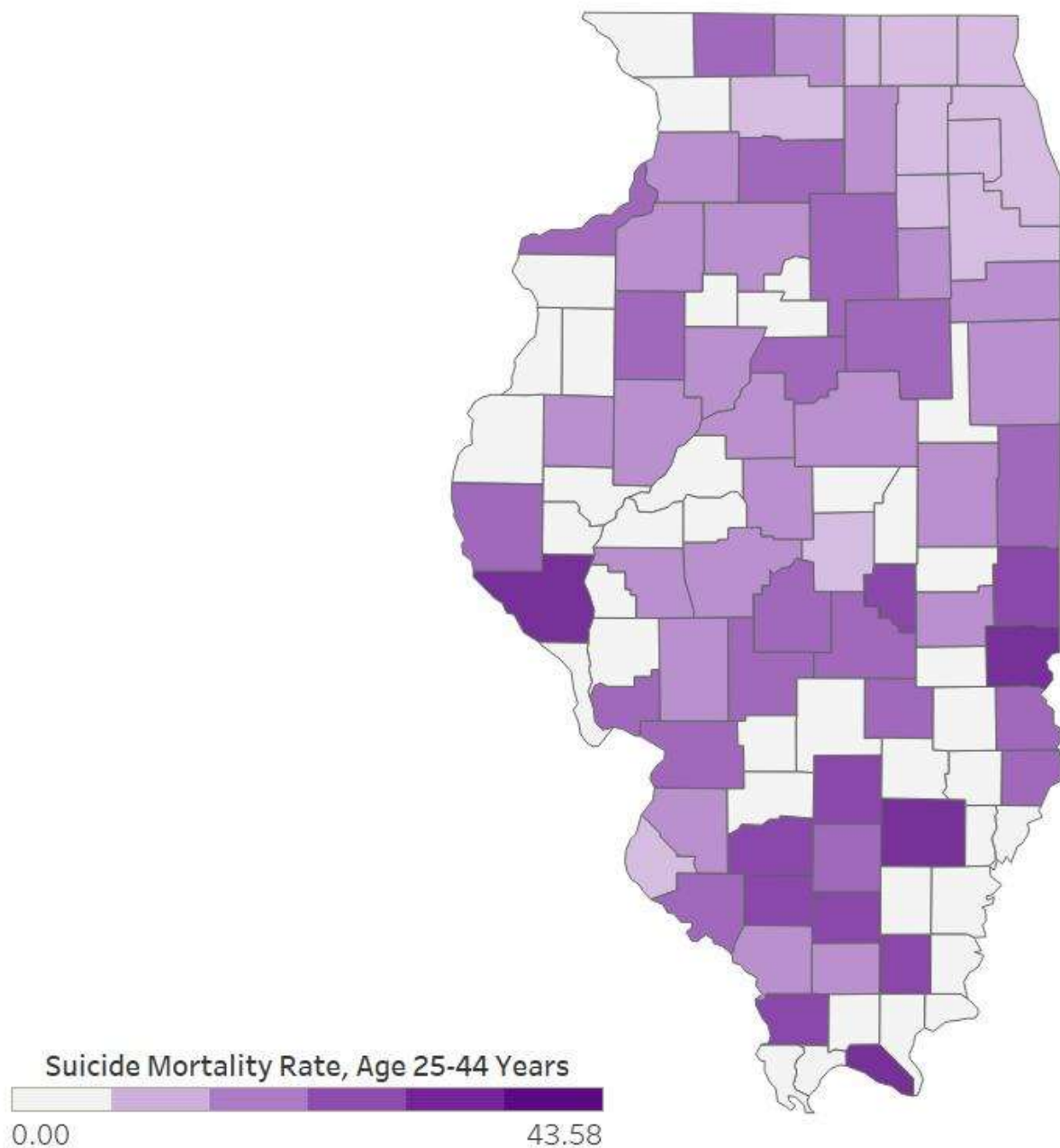
Figure 4⁸: Illinois Age-Specific Suicide Mortality Rate by County, Age 15-24 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

⁸ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

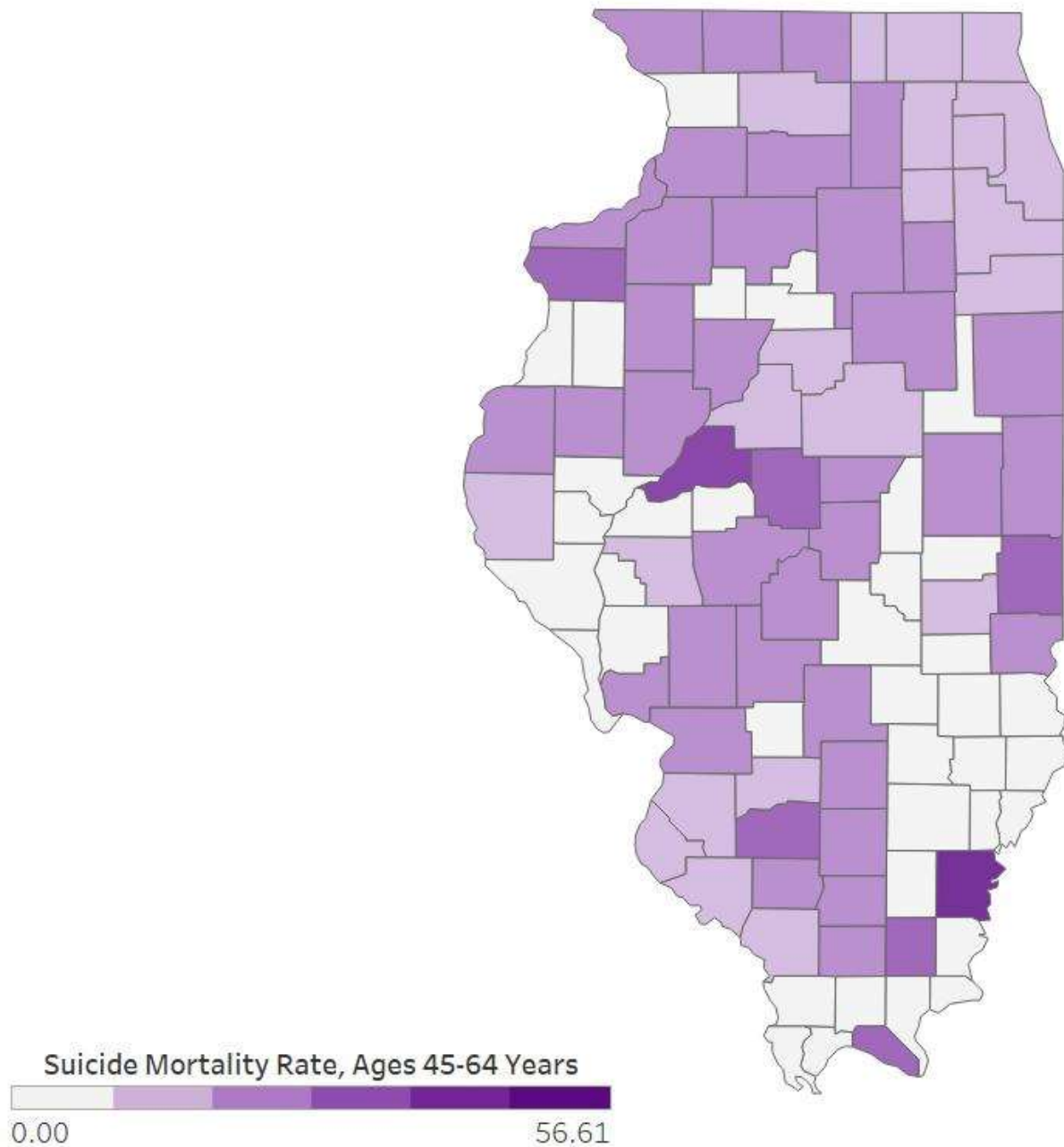
Figure 5⁹: Illinois Age-Specific Suicide Mortality Rate by County, Age 25-44 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

⁹ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

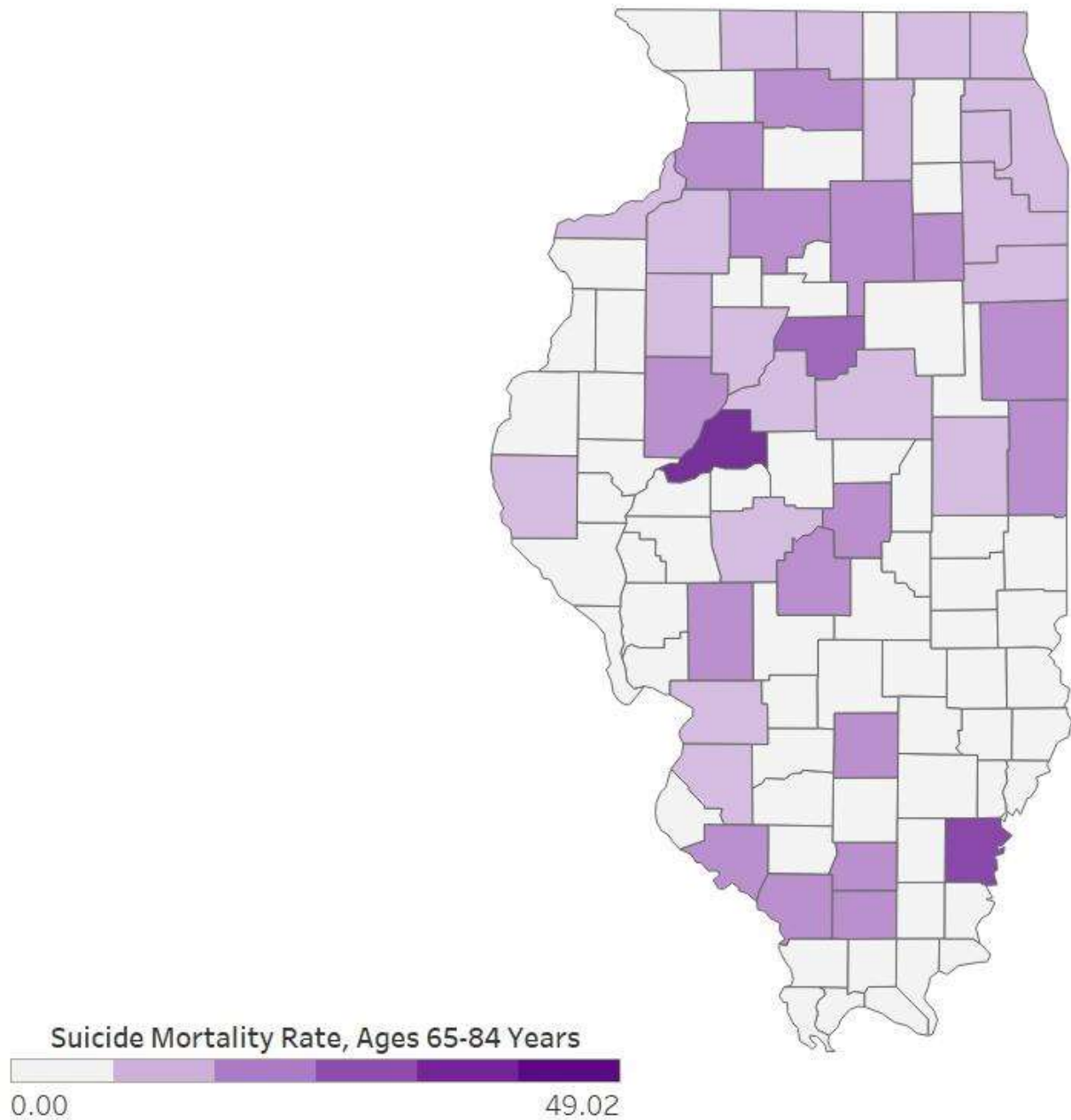
Figure 6¹⁰: Illinois Age-Specific Suicide Mortality Rate by County, Age 45-64 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

¹⁰ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

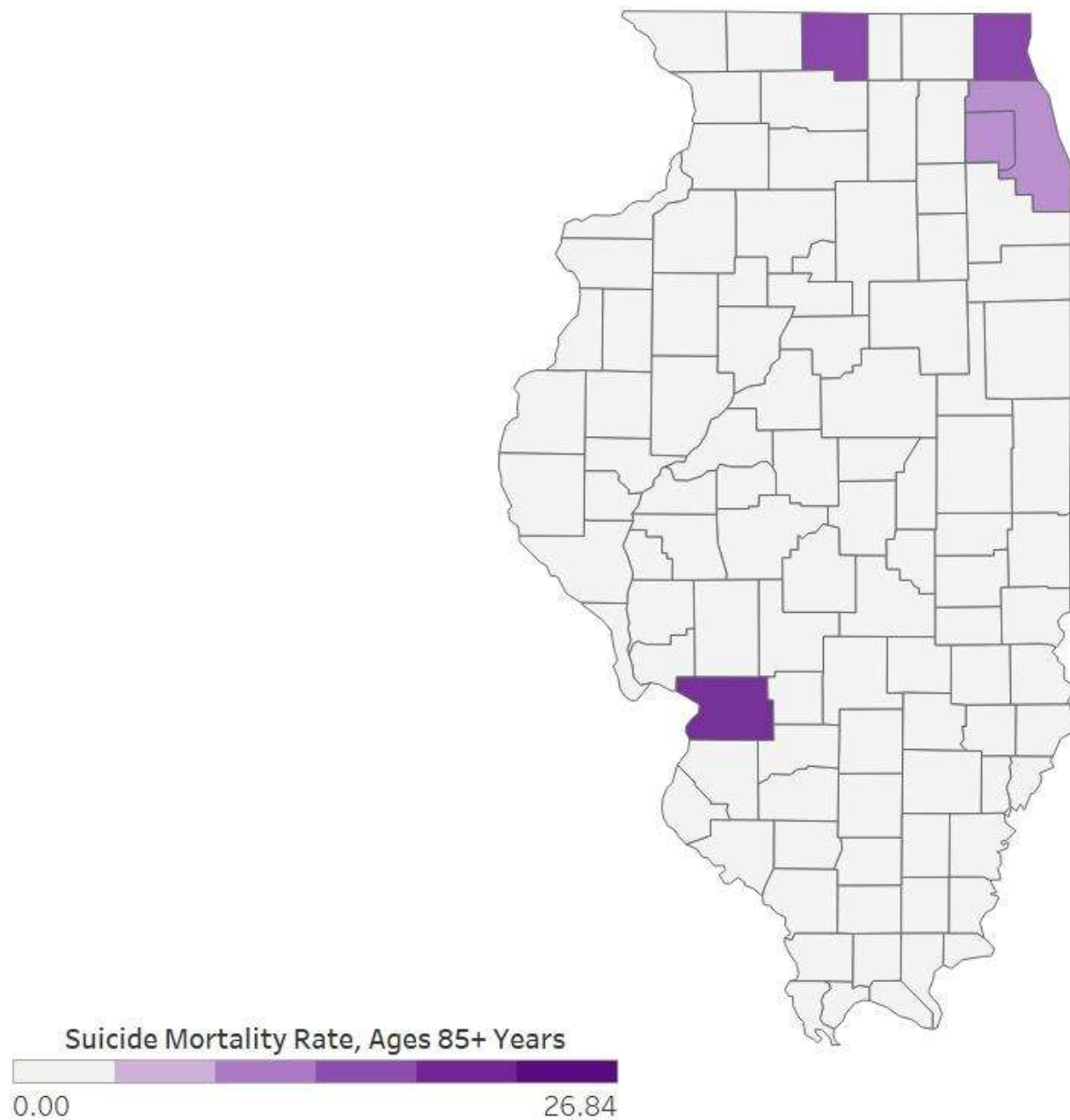
Figure 7¹¹: Illinois Age-Specific Suicide Mortality Rate by County, Age 65-84 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

¹¹ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Figure 8¹²: Illinois Age-Specific Suicide Mortality Rate by County, Age 85+ Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using total of all suicides by age group in Illinois 2013 through 2021-, and 10-times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

¹² **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Cost of Suicide and Self-Harm Injuries and Fatalities

The costs of suicide fatalities in Illinois were assessed using 2020 United States dollars (USD) through CDC’s Cost of Injury data module. Based upon 1,362 suicide deaths in Illinois in 2020, associated medical costs made up \$8.82 million of the combined \$14.3 billion cost. However, the costs associated with self-harm and suicide are not limited to deaths.

Illinois specific cost data was unavailable for nonfatal self-harm related emergency department visits and nonfatal self-harm hospitalizations through CDC’s Cost of Injury data module but, in 2020, national costs exceeded \$2.57 billion and \$24.27 billion, respectively.

Table 3¹³: Cost of Fatalities, Illinois, 2020*

Intent	Deaths	Total Medical Cost	Total Value of Statistical Life	Combined Cost
Suicide	1,362	\$8.82 M	\$14.29 B	\$14.30 B

Table 4¹⁴: National Cost of Self-Harm ED Visits, 2020*

Intent	Cases	Medical Cost	Work Loss Cost	Quality of Life Loss Costs	Combined Cost
Self-Harm	127,762	\$1.28 B	\$115.64 M	\$1.18 B	\$2.57 B

Table 5¹⁵: National Cost of Self-Harm Hospitalizations, 2020*

Intent	Hospitalizations	Medical Costs	Work Loss Costs	Quality of Life Loss Costs	Combined Cost
Self-Harm	330,076	\$11.70 B	\$3.08 B	\$9.48 B	\$24.27 B

*Abbreviations: \$B = billions; \$M = Millions; ED = emergency department. Currency year and time horizon: Costs are 2020 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the one year following the ED injury visit. State-level cost estimates were unavailable for non-fatal visits.

¹³ **Data Sources:** [Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data](#). Accessed July 2023.

¹⁴ **Data Sources:** [Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data](#). Accessed July 2023.

¹⁵ **Data Sources:** [Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data](#). Accessed July 2023.

Suicide-Related Injury Deaths in Illinois

Suicide deaths comprised 13.6% of all Illinois injury-related deaths in 2020 but rose to comprising 14.7% of all injury deaths reported for 2022 (Table 6). Between 2013 and 2022, the total injury deaths in Illinois increased by 54.4% from 6,785 deaths in 2013 to 10,473 deaths in 2022. Over that same time, the number of suicide deaths increased by 16.7% from 1,321 in 2013 to 1,541 in 2022.

Table 6¹⁶: Injury Mortality Counts in Illinois by Intent, 2013 and 2022*

Intent	2013	2022
Total Injury Deaths	6,785 (100%)	10,473 (100%)
Accident	4,510 (66.5%)	7,485 (71.5%)
Suicide	1,321 (19.5%)	1,541 (14.7%)
Homicide	792 (11.7%)	1,310 (12.5%)
Undetermined	146 (2.2%)	122 (1.2%)
Legal Intervention/War	16 (0.2%)	15 (0.1%)

*The percent of all injury deaths in each calendar year is reported in parentheses immediately after the counts of injury-related deaths for each intent.

The mechanism of suicides in Illinois has also changed (Table 7). In 2013, 37.5% of all Illinois suicide deaths were caused by firearms. By 2022, that percentage had increased to 46.0% of all suicide deaths. Poisonings, alternatively, have shown decreases as mechanism of suicide in Illinois. In 2013, poisonings had contributed to 19.2% of all injury deaths in Illinois; in 2022, poisonings resulted in 12.7% of Illinois suicide deaths.

Table 7¹⁷: Suicide Mortality Counts in Illinois by Mechanism, 2013 and 2022*

Mechanism	2013	2022
Total Suicide Deaths	1,321 (100%)	1,541 (100%)
Firearm	496 (37.5%)	709 (46.0%)
Suffocation	435 (32.9%)	463 (30.0%)
Poisoning	253 (19.2%)	196 (12.7%)
Cut/Pierce	30 (2.3%)	44 (2.9%)
Fall	38 (2.9%)	44 (2.9%)
Drowning	21 (1.6%)	13 (0.8%)
Fire/Hot Object or Substance	**	**
All Other Suicides	46 (3.5%)	66 (4.3%)

*The percent of all suicide deaths by mechanism in each calendar year is reported in parentheses immediately after the counts of suicide by mechanism.

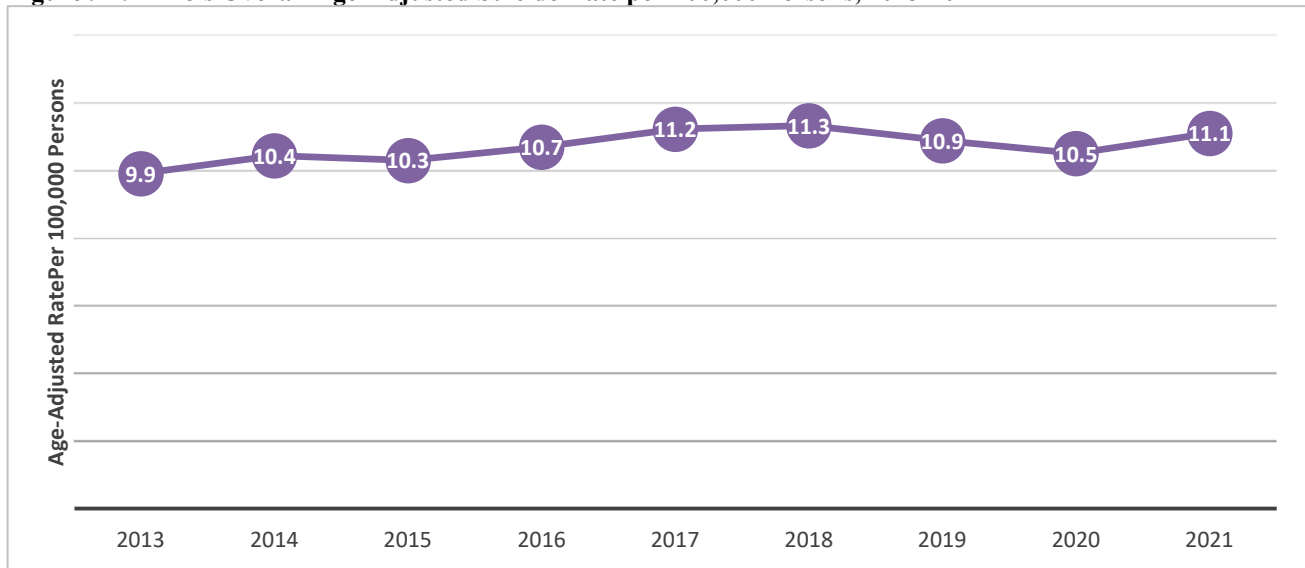
**Counts are suppressed when count < 10.

¹⁶ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

¹⁷ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

The overall age-adjusted suicide rate among Illinois' residents has increased by 12.1% between 2013 and 2021 from 9.9 per 100,000 persons in 2013 to 11.1 per 100,000 persons in 2021 (Figure 9).

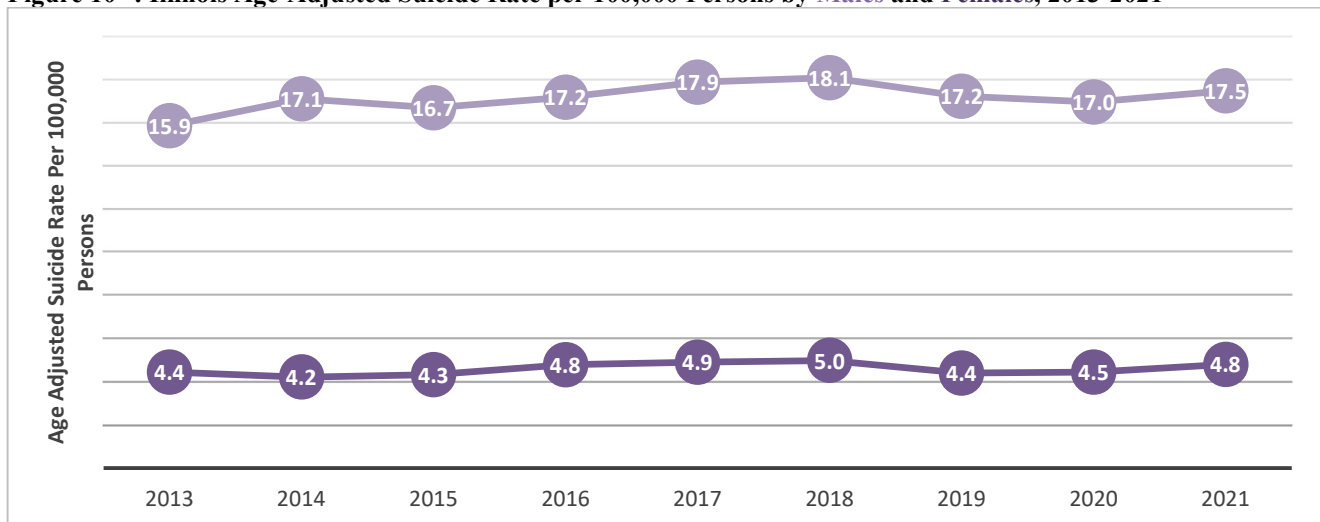
Figure 9¹⁸: Illinois Overall Age-Adjusted Suicide Rate per 100,000 Persons, 2013-2021*



*Data Years 2013 to 2021, Illinois, All Ages, Both Sexes, All Races, All Ethnicities.

Individuals of different genders are disproportionately impacted by suicide deaths. In Illinois, age-adjusted suicide rates in 2021 were more than 3.6 times higher for males than among females (Figure 10). Additionally, the age-adjusted suicide rate per 100,000 persons has increased more between 2013 and 2021 for males than for females. The Illinois age-adjusted suicide rate among males increased by 10.1%, whereas the age-adjusted suicide rate among females increased by 9.1%.

Figure 10¹⁹: Illinois Age-Adjusted Suicide Rate per 100,000 Persons by Males and Females, 2013-2021*



*Data Years 2013 to 2021, Illinois, All Ages, All Races, All Ethnicities.

¹⁸ **Data Source:** [CDC WISQARS™ \(Web-based Injury Statistics Query and Reporting System\)](#). Accessed July 2023.

¹⁹ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Hospital Discharge Data Reports (2013-2021).

Individuals of different races and ethnicities also experience disparities in rates of suicide. For example, in 2022, the number of suicides among White non-Hispanic males in Illinois was more than 7.8 times greater than the number of suicides among Hispanic males. The number of suicides among white non-Hispanic females in Illinois was more than 8.6 times greater than the number of Hispanic female suicides (Figure 11).

Figure 11²⁰: Proportion of Illinois Suicides in 2022 by Gender and Race/Ethnicity*

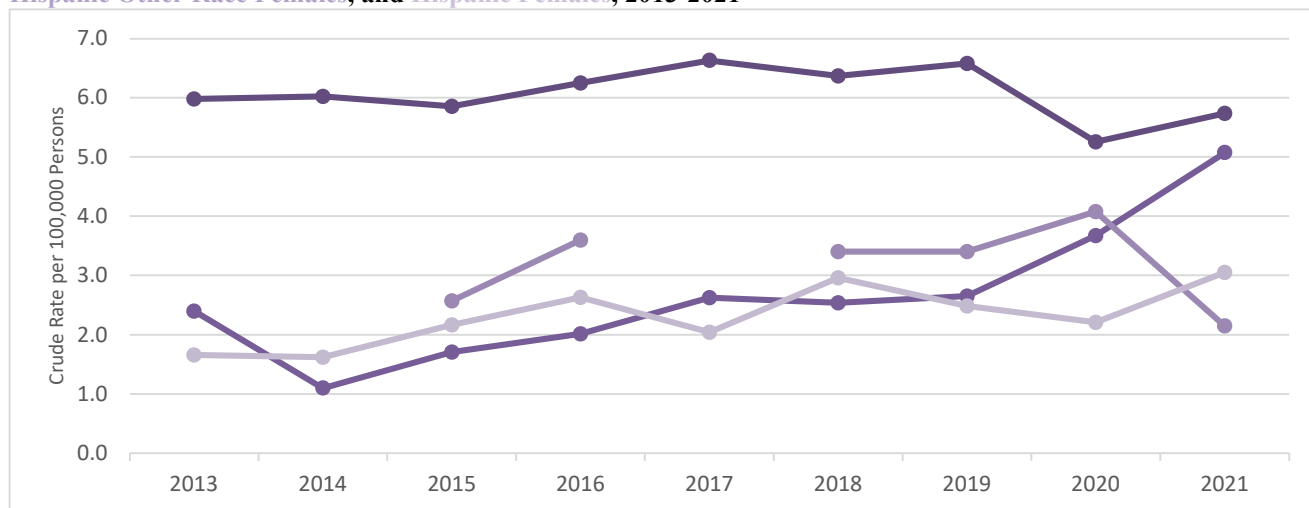


*Abbreviations: NH = non-Hispanic

Over time, crude suicide rates have changed for certain groups in Illinois (Figure 12 and Figure 13, page 39). Specifically, in 2021, the crude rate of suicide deaths among non-Hispanic Black females was more than twice as high than the crude rate of suicide deaths for this group in 2013. Additionally, the crude suicide rate among Hispanic females increased by 84.5% between 2013 and 2021. The crude suicide rate among non-Hispanic White females, however, decreased by 4.1% between 2013 and 2021. This was the only race/ethnic group with a decrease in crude suicide rates during this time frame among both males and females (Figure 12 and Figure 13, page 39).

²⁰ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

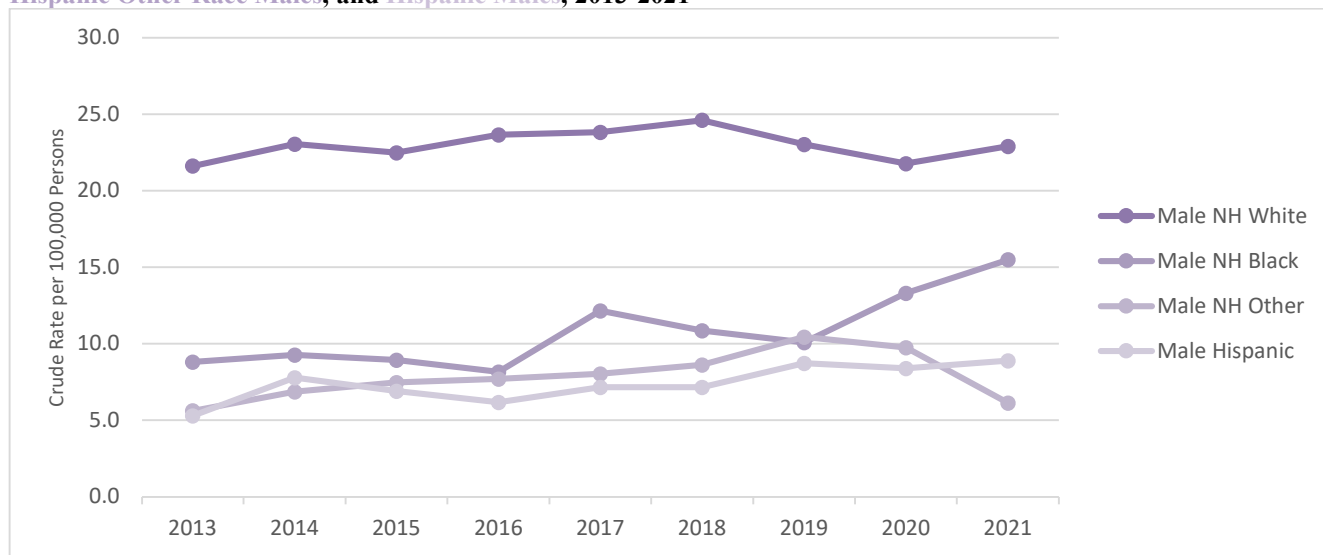
Figure 12²¹: Illinois Crude Suicide Rates Among Non-Hispanic White Females, Non-Hispanic Black Females, Non-Hispanic Other Race Females, and Hispanic Females, 2013-2021*



*Rates are suppressed where suicide counts < 10

The crude rate of suicide deaths among non-Hispanic Black males increased by 75.8% between 2013 and 2021 (Figure 13). The crude rate of suicide deaths among Hispanic males also increased between 2013 and 2021 by 67.9%. Crude suicide rates among non-Hispanic White males and non-Hispanic males of other races only increased by 6.0% and 9.0%, respectively, between 2013 and 2021.

Figure 13²²: Illinois Crude Suicide Rates Among Non-Hispanic White Males, Non-Hispanic Black Males, Non-Hispanic Other Race Males, and Hispanic Males, 2013-2021

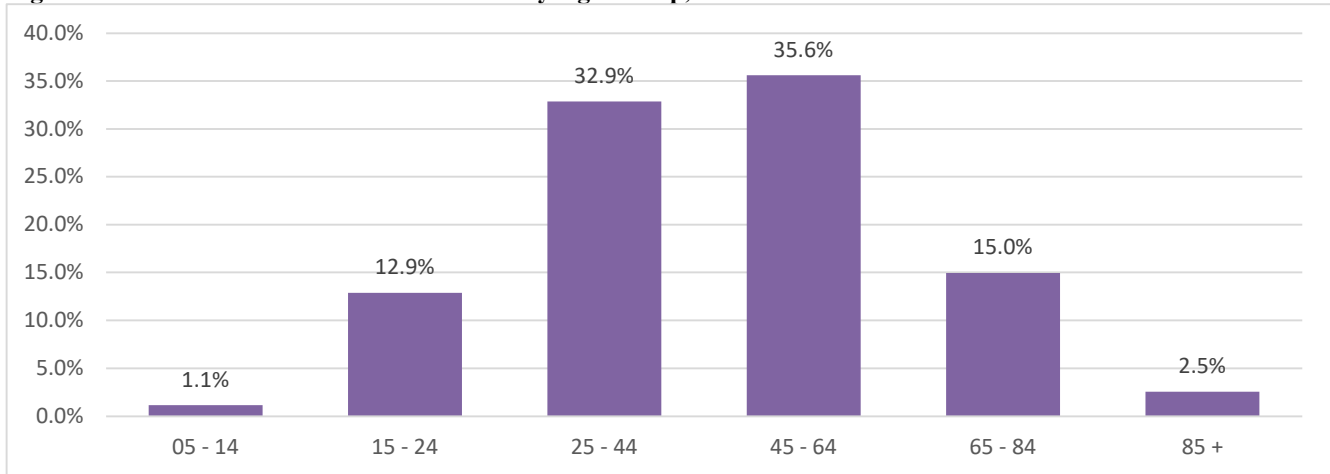


²¹ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

²² **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

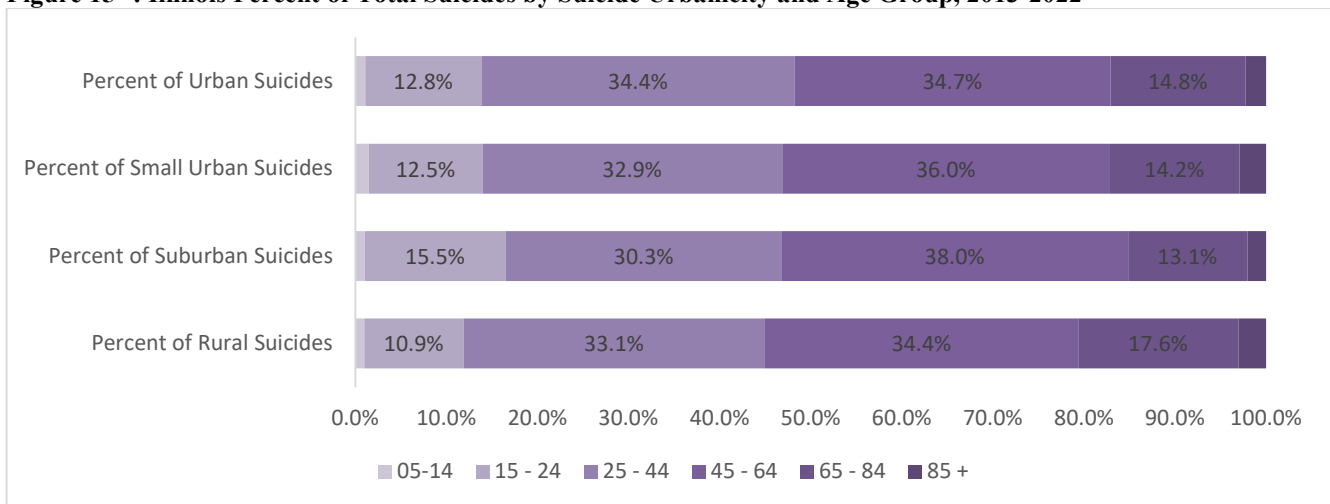
Suicide deaths also disproportionately impact individuals of different ages (Figure 14). In Illinois, 35.6% of all suicides between 2013 and 2022 occurred among individuals aged 45-64 and 32.9% of all suicides occurred among individuals aged 25-44.

Figure 14²³: Illinois Percent of Total Suicides by Age Group, 2013-2022



The age distribution of suicide victims also varies by urbanicity (Figure 15). Individuals 15-24 years of age made up 15.6% of suicides within suburban counties. This is the highest percent seen for that age group among four different urbanicities in Illinois. Alternatively, this age group only made up 11% of all rural suicides. Individuals aged 64-84 made up 17.8% of all suicides in rural counties that is the highest percent seen for that age group among different urbanicities, but only made up 13.2% of all suburban suicides.

Figure 15²⁴: Illinois Percent of Total Suicides by Suicide Urbanicity and Age Group, 2013-2022*



*Urbanicity was assigned at the county level. The percent of suicides by age group and urbanicity was determined using the sum of all suicides between 2013 and 2022 for each age group within each urbanicity.

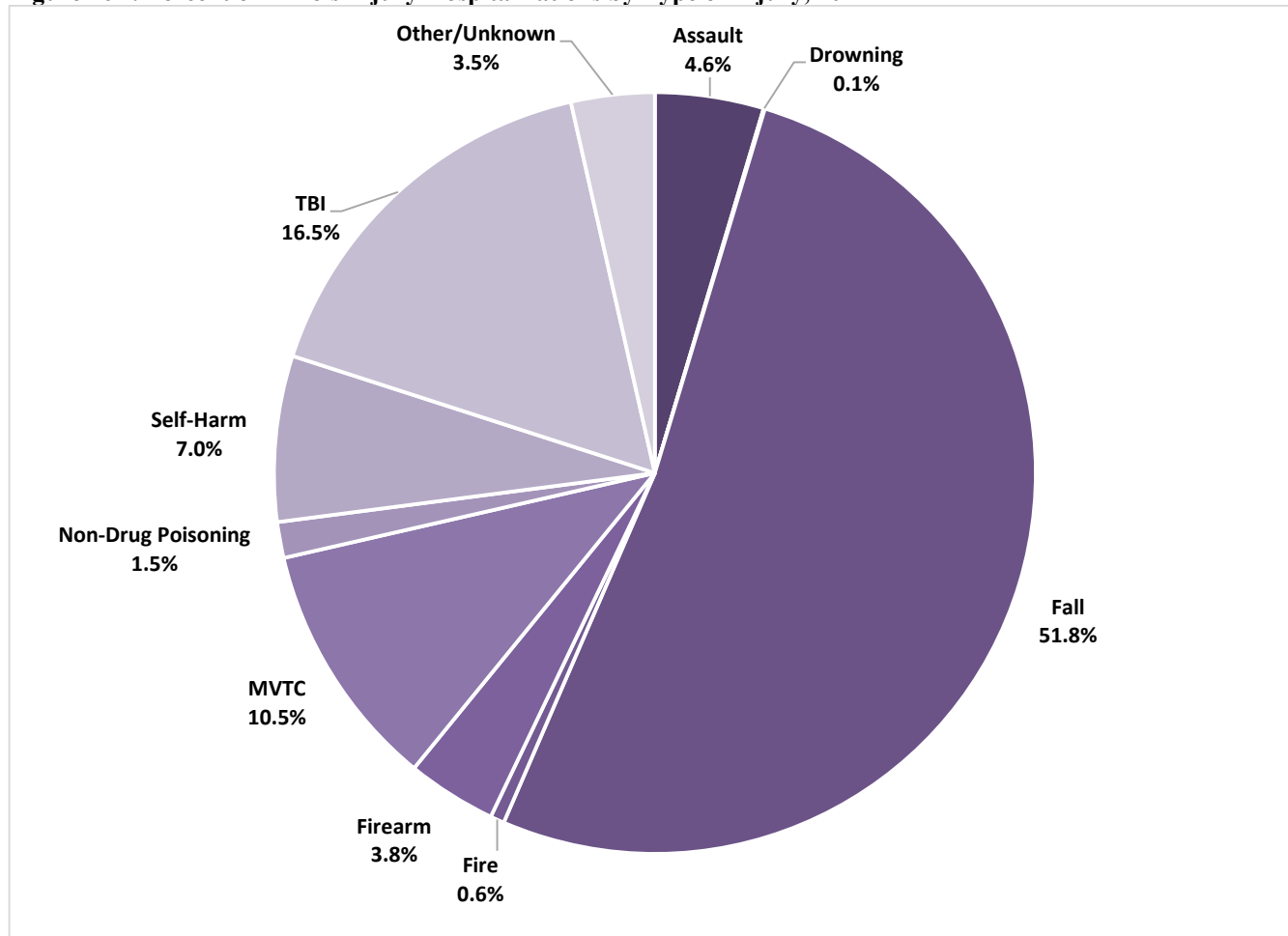
²³ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

²⁴ **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Nonfatal Intentional Self-Harm Hospitalizations in Illinois

Overall, there were more than 52,000 injury-related hospitalizations reported in 2021 in Illinois. The leading causes included older adult falls, traumatic brain injuries (TBI), motor vehicle traffic crashes (MVTC), and self-harm. Self-harm made up approximately 7% of all injury hospitalizations in Illinois in 2021 (Figure 16).

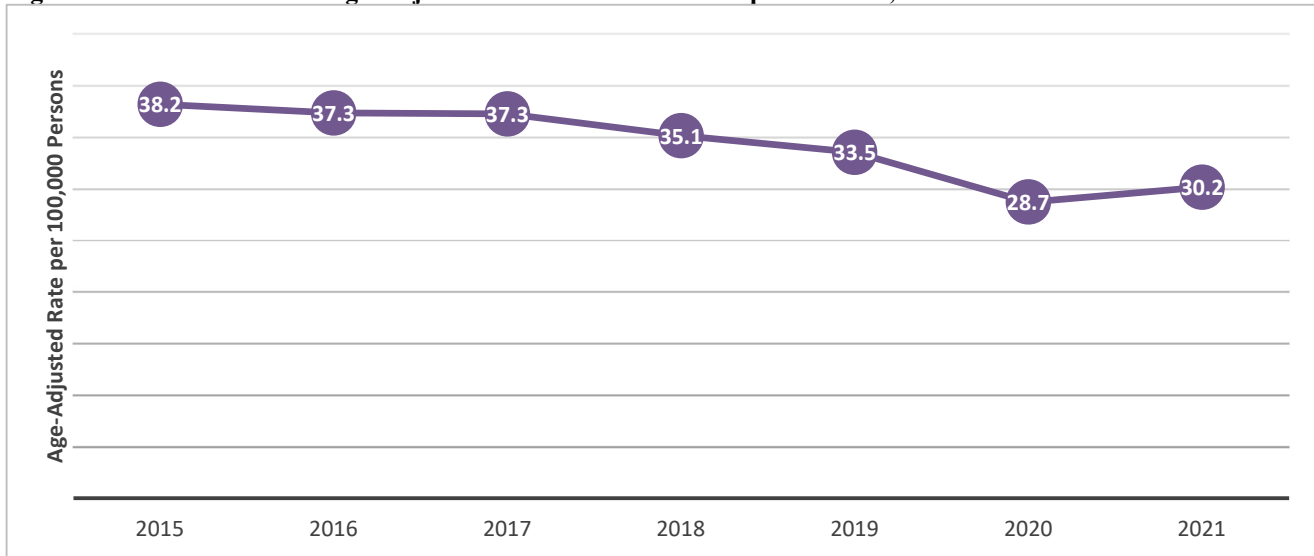
Figure 16²⁵: Percent of Illinois Injury Hospitalizations by Type of Injury, 2021



In 2021, the overall age-adjusted rate of self-harm hospitalizations was 30.2 self-harm hospitalizations per 100,000 Illinois residents (Figure 17 on page 42). This is a 20.9% decrease from the 38.2 self-harm hospitalizations rate per 100,000 persons observed in 2015.

²⁵ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Figure 17²⁶: Illinois Overall Age-Adjusted Rate of Self-Harm Hospitalizations, 2015-2021*



*Data Years 2015 to 2021, Illinois, All Ages, All Races, All Ethnicities, All Sex/Genders.

When comparing rates among different age groups in Illinois, the highest age-specific rates of intentional self-harm hospitalizations were observed among individuals 15-19 years of age (5.7 self-harm hospitalizations per 100,000 persons), individuals aged 25-34 (5.6 self-harm hospitalizations per 100,000 persons), and individuals aged 33-44 years of age (5.5 self-harm hospitalizations per 100,000 persons) in 2021 (Table 8).

Table 8²⁷: Age-Specific Rate of Nonfatal Intentional Self-Harm Hospitalizations by Age Group, 2021*

Age	Age-Specific Rate per 100,000 Illinois Residents
5-9 years	0.0
10-14 years	2.5
15-19 years	5.7
20-24 years	3.7
25-34 years	5.6
35-44 years	5.5
45-54 years	3.8
55-64 years	1.9
65-74 years	0.8
75-84 years	0.6
85+ years	0.3

*Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

²⁶ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Hospital Discharge Data Reports (2015-2021).

²⁷ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Unlike rates of suicide deaths, which disproportionately impact males, self-harm hospitalizations disproportionately impact females. When comparing rates between males and females among similar ages, Illinois sees the greatest disparities among individuals 10-14 years of age and 15-19 years of age (Figure 18). In 2021, the age-specific rate of self-harm hospitalizations among individuals 10-14 years of age was 6.3 times higher for females than for males. The age-specific rate of self-harm hospitalizations among individuals 15-19 years old was 2.6 times higher for females than for males.

Figure 18²⁸: Age-Specific Rate of Illinois Self-Harm Hospitalizations by Age Group among Males and Females, 2021

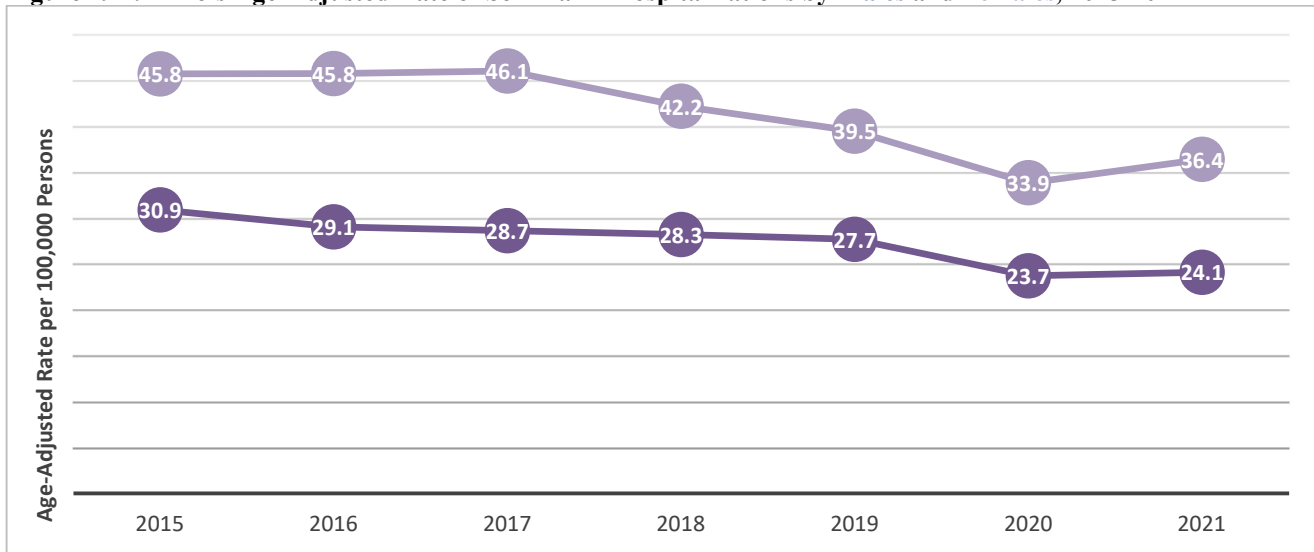


Between 2015 and 2021, the overall age-specific rate of intentional self-harm hospitalizations for females was approximately 1.5 times greater than the age-specific rate of intentional self-harm hospitalizations for males in Illinois. This disparity in the rates of intentional self-harm hospitalizations by gender was relatively stable between 2015 and 2021.

The age-adjusted rates of self-harm hospitalizations have steadily decreased in Illinois between 2015 and 2021 for both males and females (Figure 19 on page 44). The rate of self-harm hospitalizations among females decreased by 20.5% from 48.5 self-harm hospitalizations per 100,000 persons in 2015 to 36.4 self-harm hospitalizations per 100,000 persons in 2021. The rate of self-harm hospitalizations among males decreased by 22.0% from 30.9 self-harm hospitalizations per 100,000 persons in 2015 to 24.1 self-harm hospitalizations per 100,000 persons in 2021.

²⁸ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Figure 19²⁹: Illinois Age-Adjusted Rate of Self-Harm Hospitalizations by Males and Females, 2015-2021

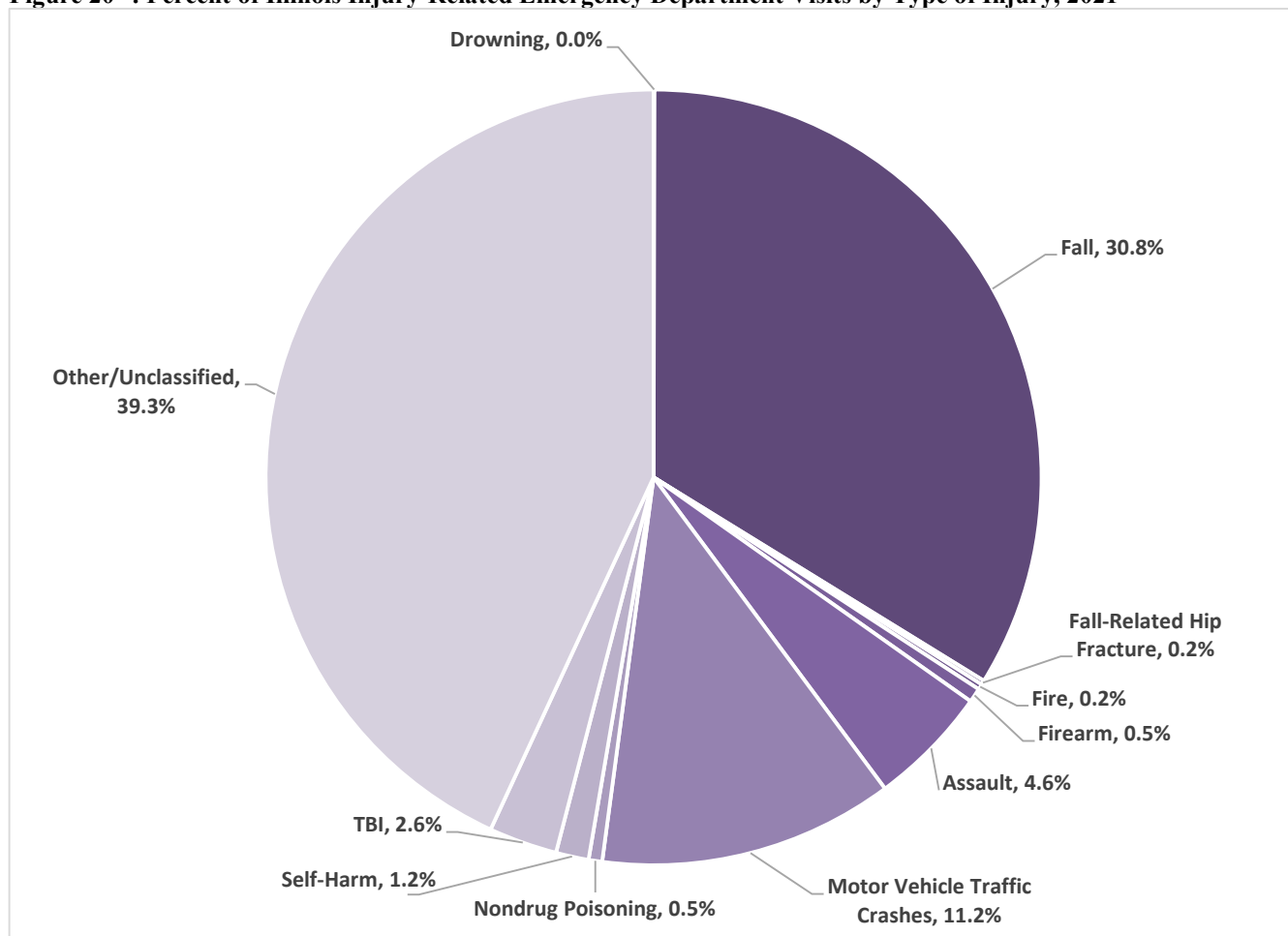


²⁹ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Hospital Discharge Data Reports (2015-2021).

Nonfatal Intentional Self-Harm Emergency Department (ED) Visits in Illinois

Overall, there were more than 868,000 injury-related ED visits in 2021 in Illinois. Only 91.2% of those visits contained codes necessary to determine the external cause of injury (not shown). Of the visits coded with external cause information, 39.3% were not classified into broader injury visit types. The leading causes of the remaining ED visits included older adult falls, motor vehicle traffic crashes (MVTC), assault, traumatic brain injuries (TBI), and self-harm (Figure 20).

Figure 20³⁰: Percent of Illinois Injury-Related Emergency Department Visits by Type of Injury, 2021



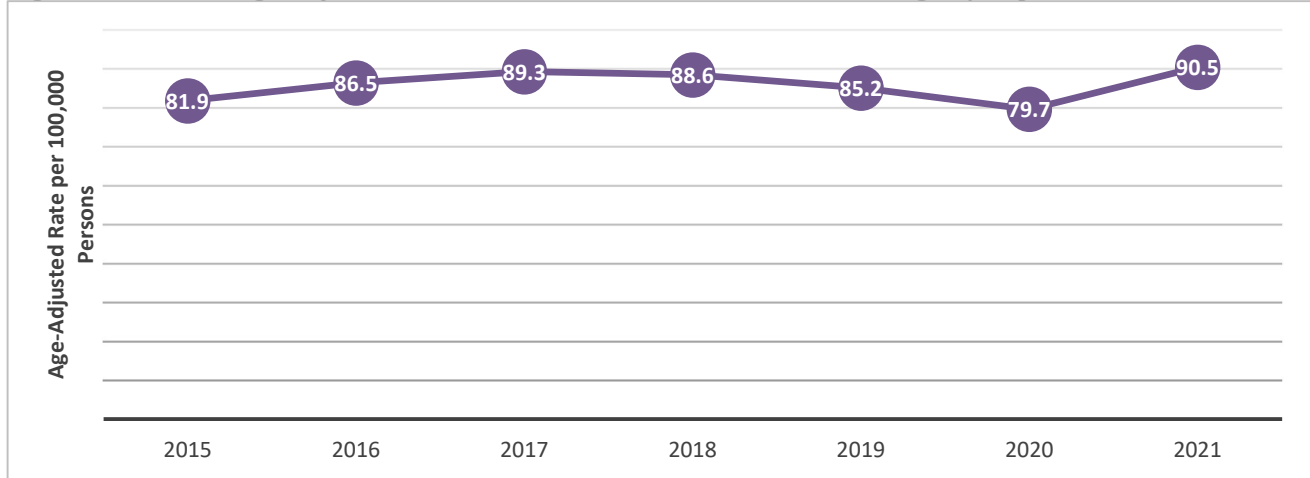
Although self-harm made up only 1.2% of all injury-related emergency department visits, there were nearly 11,000 self-harm ED visits in Illinois in 2021 (not shown).

Although a decrease in age-adjusted self-harm hospitalization rates was observed in Illinois between 2015 and 2021 (see Figure 17 on page 42), the age-adjusted rates of nonfatal intentional self-harm ED visits have steadily increased since 2015, with an exception in 2019 and 2020 where rates of ED

³⁰ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

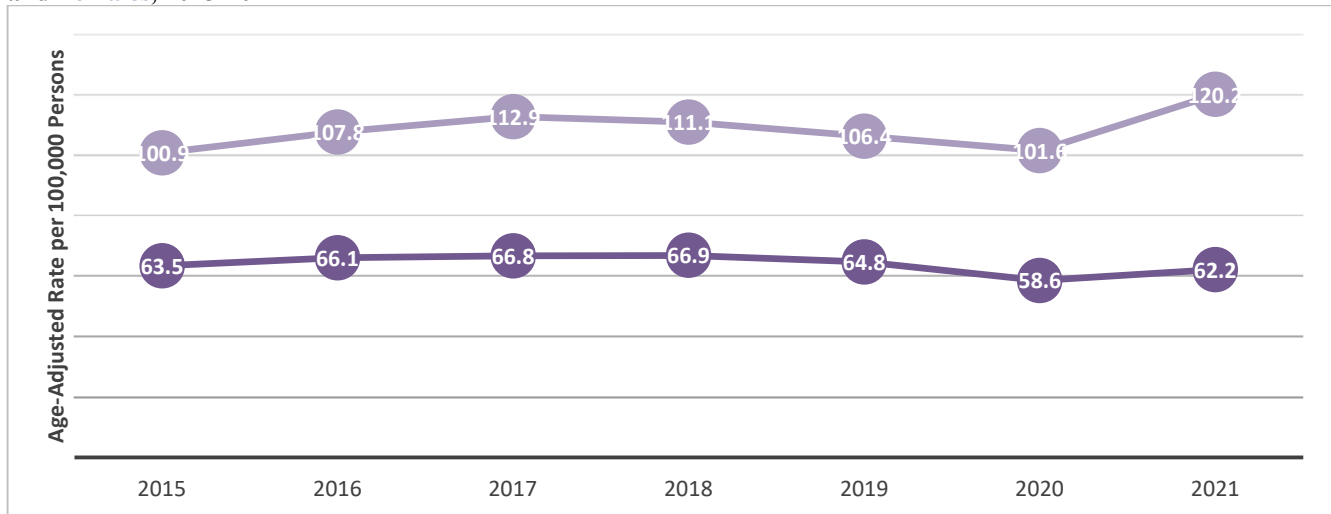
decreased. Overall, between 2015 and 2021, the age-adjusted rates of self-harm ED visits increased by more than 10% (Figure 21).

Figure 21³¹: Illinois Age-Adjusted Rate of Nonfatal Intentional Self-Harm Emergency Department Visits, 2015-2021



The increase in Illinois' overall age-adjusted rates of nonfatal intentional self-harm ED visits observed between 2015 and 2021 (see Figure 21) was mostly driven by the 19.1% increase in rates of self-harm ED visits among females between 2015 and 2021 (Figure 22). Alternatively, the rate of nonfatal intentional self-harm ED visits among males decreased by 2.0% between 2015 and 2021.

Figure 22³²: Illinois Age-Adjusted Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Males and Females, 2015-2021



Additionally, the gender disparities in age-adjusted rates of nonfatal intentional self-harm ED visits have continued to grow between 2015 and 2021 (Figure 22). The age-adjusted rate of self-harm ED

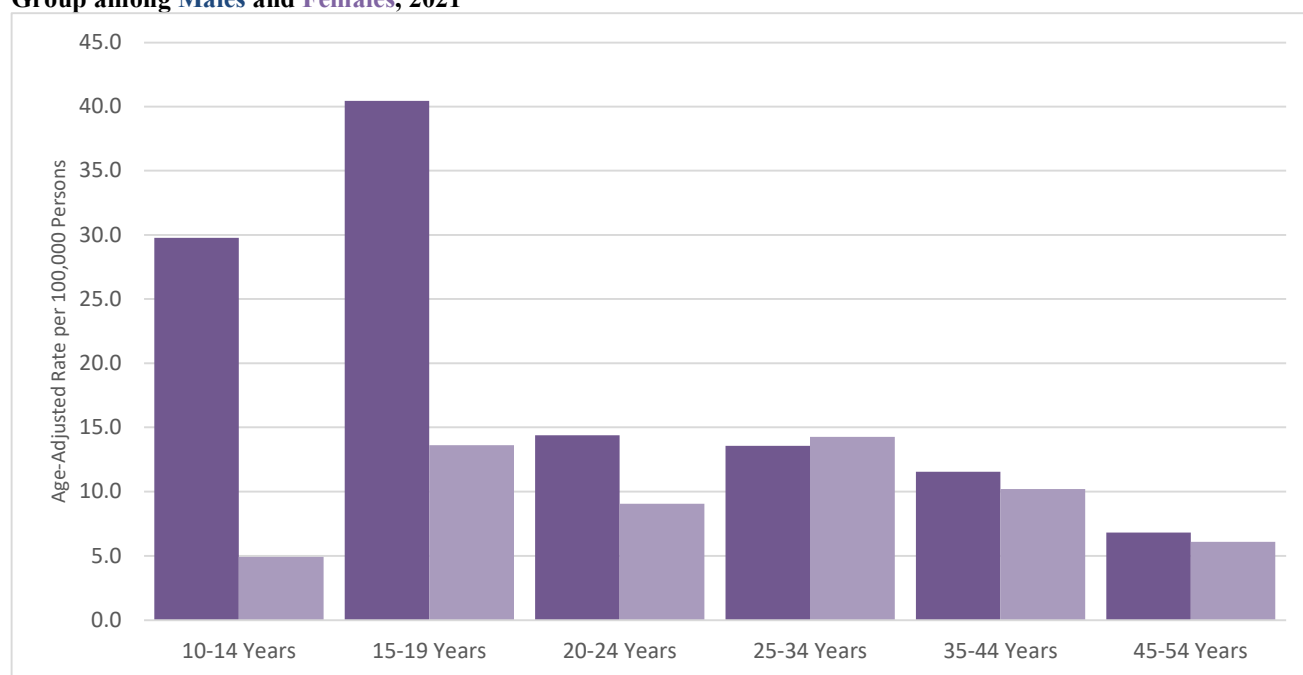
³¹ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Emergency Department Data Reports (2015-2021).

³² **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Emergency Department Data Reports (2015-2021).

visits for females was 1.9 times greater than the rate for males in 2021. This increased from the gender disparity observed in 2015 when the rate of self-harm ED visits for females was only 1.5 times greater than the rate for males.

When comparing rates between males and females among different age groups, Illinois sees the greatest gender disparities among individuals 10-14 years of age and 15-19 years of age (Figure 23). In 2021, the age-specific rate of self-harm ED visits among females 10-14 years of age was more than six times greater than the age-specific rate of ED visits among males 10-14 years of age. The age-specific rate of self-harm ED visits among females 15-19 years of age was three times greater than the age specific rate of self-harm ED visits among males 15-19 years of age.

Figure 23³³: Illinois Age-Specific Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Age Group among Males and Females, 2021



When comparing rates among different age groups in Illinois for all races, ethnicities, and genders, the highest age-specific rates of intentional self-harm ED visits were observed among individuals 15-19 years of age (26.7 self-harm ED visits per 100,000 persons), individuals 10-14 years of age (17.1 self-harm ED visits per 100,000 persons), and individuals 25-34 years of age (13.9 self-harm ED visits per 100,000 persons) in 2021 (Table 9 on page 48).

³³ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Reports (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Table 9³⁴: Age-Specific Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Age Group, 2021*

Age	Age-Specific Rate per 100,000 Illinois Residents
5-9 years	0.3
10-14 years	17.1
15-19 years	26.7
20-24 years	11.7
25-34 years	13.9
35-44 years	10.9
45-54 years	6.4
55-64 years	2.3
65-74 years	0.7
75-84 years	0.4
85+ years	0.1

*Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

³⁴ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Leading Causes of Injury-Related Morbidity by Age Groups

The leading causes of hospitalizations and emergency department visits due to injury change across the lifespan. In Illinois, in 2021, nonfatal intentional self-harm was the leading cause of injury hospitalizations for people between 10 and 19 years of age and the second leading cause of injury hospitalizations for people between 20 and 34 years of age (Table 10).

Table 10³⁵: Top Six Leading Causes of Nonfatal Injury-Related Hospitalizations in Illinois by Age, 2021*

0-9 years	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
Fall-Related 374	Self-Harm Related 283	Self-Harm Related 655	Motor Vehicle Crash-Related 607	Motor Vehicle Crash-Related 1,085	Motor Vehicle Crash-Related 796	Fall-Related 1,325	Fall-Related 3,176	Fall-Related 5,496	Fall-Related 7,290	Fall-Related 8,012
TBI-Related 271	Fall-Related 145	Motor Vehicle Crash-Related 371	Self-Harm Related 453	Self-Harm Related 702	Fall-Related 781	TBI-Related 699	TBI-Related 1,119	TBI-Related 1,453	TBI-Related 1,707	TBI-Related 1,508
Assault- Related 113	Motor Vehicle Crash-Related 82	Firearm- Related 330	Firearm- Related 402	Firearm- Related 690	TBI-Related 592	Motor Vehicle Crash-Related 695	Motor Vehicle Crash-Related 770	Motor Vehicle Crash-Related 562	Motor Vehicle Crash-Related 347	Motor Vehicle Crash-Related 159
Motor Vehicle Crash-Related 89	TBI-Related 80	TBI-Related 257	TBI-Related 338	TBI-Related 683	Self-Harm Related 564	Self-Harm Related 443	Self-Harm Related 352	Self-Harm Related 153	Self-Harm Related 75	Self-Harm Related 39
Nondrug Poisoning- Related 39	Assault- Related 32	Assault- Related 225	Assault- Related 326	Assault- Related 671	Assault- Related 440	Assault- Related 271	Assault- Related 182	Assault- Related 91	Assault- Related 54	Assault- Related 34
Fire-Related 23	Firearm- Related 28	Fall-Related 128	Fall-Related 158	Fall-Related 515	Firearm- Related 331	Firearm- Related 132	Nondrug Poisoning- Related 158	Nondrug Poisoning- Related 80	Nondrug Poisoning- Related 33	Nondrug Poisoning- Related 14

*Shaded squares represent injury-related causes of hospitalizations. Each square in the grid lists the underlying cause of hospitalization and the corresponding number of hospitalizations attributed to that cause in 2021. Age groups appear above each column. Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

³⁵ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

In Illinois, in 2021, nonfatal intentional self-harm was the third leading cause of injury-related emergency department visits for people between 10 and 14 years of age, the fourth leading cause of injury-related ED visits for people between 15-19 years of age, and the fifth leading cause of injury-related ED visits for people 20-54 years of age (Table 11).

Table 11³⁶: Top Six Leading Causes of Nonfatal Injury-Related Emergency Department Visits in Illinois by Age, 2021*

0-9 years	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
Fall-Related 37,421	Fall-Related 12,622	Motor Vehicle Crash-Related 10,160	Motor Vehicle Crash-Related 13,302	Motor Vehicle Crash-Related 22,292	Fall-Related 19,977	Fall-Related 23,490	Fall-Related 33,939	Fall-Related 36,503	Fall-Related 34,883	Fall-Related 29,990
Motor Vehicle Crash-Related 4,230	Motor Vehicle Crash-Related 2,917	Fall-Related 9,857	Fall-Related 9,009	Fall-Related 19,594	Motor Vehicle Crash-Related 15,231	Motor Vehicle Crash-Related 11,587	Motor Vehicle Crash-Related 9,820	Motor Vehicle Crash-Related 5,106	Motor Vehicle Crash-Related 2,092	TBI-Related 1,039
TBI-Related 2,047	Self-Harm Related 1,920	Assault- Related 4,037	Assault- Related 5,790	Assault- Related 11,384	Assault- Related 7,263	Assault- Related 4,146	Assault- Related 2,723	TBI-Related 1,643	TBI-Related 1,515	Motor Vehicle Crash-Related 636
Assault- Related 1,627	TBI-Related 1,823	Self-Harm Related 3,089	TBI-Related 2,079	TBI-Related 3,169	TBI-Related 2,351	TBI-Related 2,007	TBI-Related 2,093	Assault- Related 837	Assault- Related 228	Assault- Related 127
Nondrug Poisoning- Related 823	Assault- Related 1,734	TBI-Related 2,824	Self-Harm Related 1,432	Self-Harm Related 1,760	Self-Harm Related 1,123	Self-Harm Related 756	Nondrug Poisoning- Related 474	Nondrug Poisoning- Related 222	Nondrug Poisoning- Related 96	Nondrug Poisoning- Related 34
Fire-Related 197	Nondrug Poisoning- Related 166	Firearm- Related 807	Firearm- Related 972	Firearm- Related 1,609	Firearm- Related 677	Nondrug Poisoning- Related 499	Self-Harm Related 432	Fire-Related 154	Fire-Related 59	Firearm- Related 33

*Shaded squares represent injury-related causes of emergency department (ED) visits. Each square in the grid lists the underlying cause of ED visit and the corresponding number of ED visits attributed to that cause in 2021. Age groups appear above each column. Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

³⁶ **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Copies of this report are available at
<http://dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention>