

CHRONIC DISEASE BURDEN UPDATE

The Injury and Violence Prevention Program presents this update on youth suicide.

Suicide (i.e., taking one's own life) is a serious public health problem that affects even young people. According to CDC, for youth between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4,600 lives lost each year in the U.S. The top three methods used in suicides of young people include firearm (45%), suffocation (40%), and poisoning (8%).

Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. A nationwide survey of youth in grades 9–12 in public and private schools in the United States (U.S.) found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S.

Several factors can put a young person at risk for suicide. These risk factors include: history of previous suicide attempts, family history of suicide, history of depression or other mental illness, alcohol or drug abuse, stressful life event or loss, easy access to lethal methods, exposure to the suicidal behavior of others, and incarceration. However, having these risk factors does not always mean that suicide will occur.

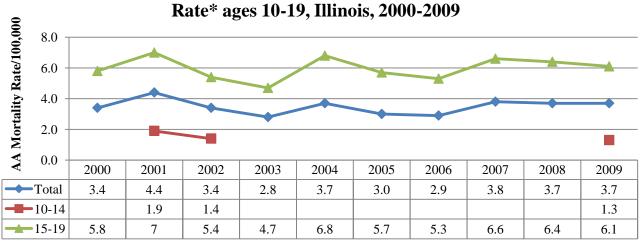
YOUTH SUICIDE MORTALITY

Over a ten year period, 2000 to 2009, 633 youth age 10-19 died from suicide in Illinois. The age-adjusted mortality rate for suicide and self-inflicted injury for the same time period was 3.5 per 100,000 in Illinois and 4.4 per 100,000 nationally.

AGE

Annually, from 2000 to 2009, the youth age group with the highest rate of suicide and self-inflicted injury mortality were those aged 15-19.

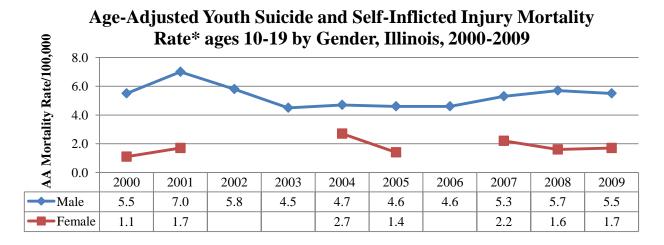
Age-Adjusted Youth Suicide and Self-Inflicted Injury Mortality



Source: National Center for Health Statistics, data release April 2012

Note: Missing fields on graphs represent suppressed data due to fewer than 10 cases in that subcategory.

Note: Rates in this update are standardized to the 2000 U.S. population.



Source: National Center for Health Statistics, data release April 2012

Note: Missing fields on graphs represent suppressed data due to fewer than 10 cases in that subcategory.

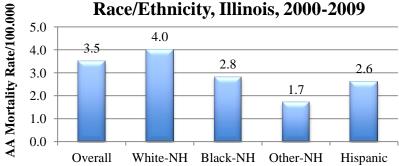
GENDER

Annually, from 2000 to 2009, youth males had a higher rate of suicide and self-inflicted injury mortality than youth females (shown above).

RACE/ETHNICITY

Over the 10 year period of 2000 to 2009, youth white non-Hispanics (NH) had the highest mortality rate of 4.0 per 100,000.

Age-Adjusted Youth Suicide or Self-Inflicted Injury Mortality Rate by Race/Ethnicity, Illinois, 2000-2009

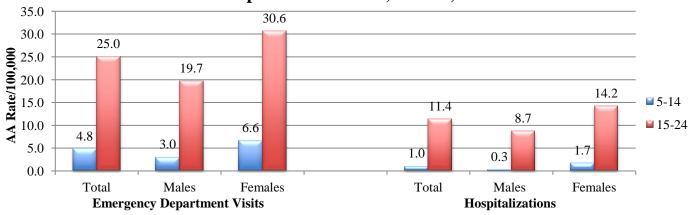


Source: National Center for Health Statistics, data release April 2012

YOUTH SUICIDE HOSPITALIZATIONS

In 2010, females in the age ranges of 5-14 and 15-24 had higher rates of emergency department visits and hospitalizations for suicide attempts than males.

Age-Adjusted Youth Suicide Emergency Department Visits and Hospitalization Rates, Illinois, 2010



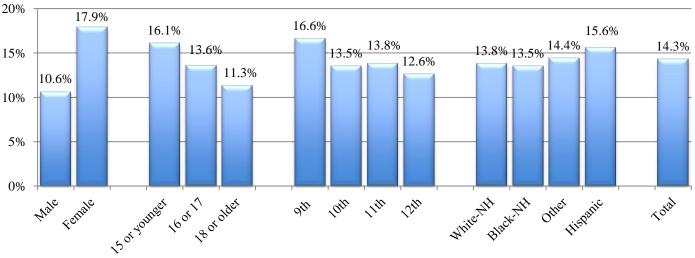
Source: Illinois Center for Health Statistics

PUBLIC HEALTH

YOUTH SUICIDE BEHAVIORS

In 2011, 14.3 percent of high school students responded (yes) to the Youth Risk Behavior Survey (YRBS) question "During the past 12 months, did you ever seriously consider attempting suicide?" More females than males reported contemplating suicide. There was an inverse relationship seen in the age category with students 15 or younger reporting the highest percentage of contemplating suicide. By grade, the highest percentage of contemplating suicide was seen in 9th grade students. By race and ethnicity, the highest percentage of contemplating suicide was seen in Hispanic students.

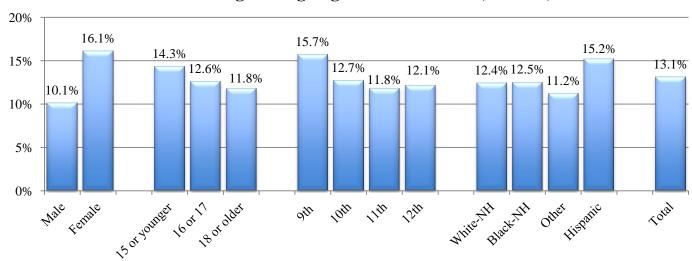
Suicide Contemplation Among High School Students, Illinois, 2011



Source: Illinois Youth Risk Behavior Survey

In 2011, 13.1 percent of high school students responded (yes) to the YRBS question "During the past 12 months, did you make a plan about how you would attempt suicide?" More females than males reported planning a suicide attempt. An inverse relationship was seen in the age category with students 15 or younger reporting the highest percentage of planning a suicide attempt. By grade, the highest percentage of planning a suicide attempt was seen in 9th grade students. By race and ethnicity, the highest percent of planning a suicide attempt was seen in Hispanic students.

Suicide Planning Among High School Students, Illinois, 2011

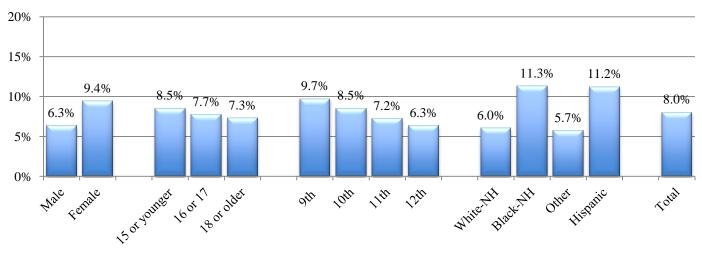


Source: Illinois Youth Risk Behavior Survey



In 2011, 8.0 percent of high school students responded (yes) to the YRBS question "During the past 12 months, how many times did you actually attempt suicide?" More females than males reported attempting suicide. An inverse relationship was seen in the age category with students 15 or younger reporting the highest percentage of attempting suicide. By grade, the highest percentage of attempting suicide was seen in 9th grade students. By race and ethnicity, the highest percentages of attempting suicide were seen in black non-Hispanics and Hispanics.

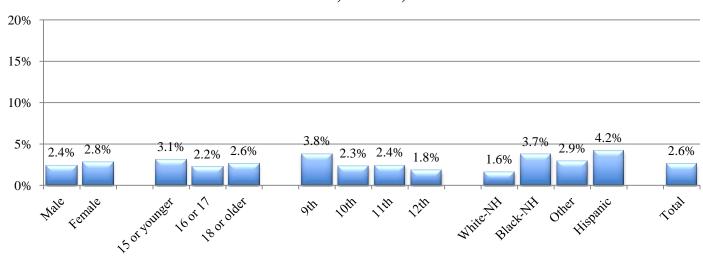
Ever Attempted Suicide Among High School Students, Illinois, 2011



Source: Illinois Youth Risk Behavior Survey

In 2011, 2.6 percent of high school students responded (yes) to the YRBS question "If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?" More females than males reported medical treatment being required. By age, the highest percentage of requiring medical treatment was seen in students 15 or younger. By grade, the highest percentage requiring medical treatment was seen in 9th grade students. By race and ethnicity, the highest percentage requiring medical treatment was seen in Hispanic students.

Suicide Attempts Requiring Medical Treatment Among High School Students, Illinois, 2011



Source: Illinois Youth Risk Behavior Survey

