

Youth Suicide: A Public Health Problem in CT

In CT, suicide is the 2nd leading cause of death for ages 10-14 and the 3rd among people aged 15 to 24; however, 2nd for college students (CDC, 2009). The 2007 Connecticut School Health Survey (Youth Risk Behavior Survey-YRBS), a survey of 9th - 12th graders administered by the State Department of Public Health and funded by the CDC, found that 15.1% (U.S.=16.9%) of students seriously considered attempting suicide during the past 12 months; 13.8 % (U.S.=13.0%) of students made a plan about how they would attempt suicide during the past 12 months; and 12.1 % (U.S.=8.4%; statistically significant) of students actually attempted suicide one or more times during the past 12 months (CDC, 2007).

CT Department of Public Health published a report examining the 8,654 of self inflicted injuries identified by Emergency Department personnel between 2000 and 2004 with an average of 1, 731 each year. Overall, Latinos had the highest rates (67.7/100,000) of self inflicted injury, whereas CT's African American (40.4/100,000) and White (39.3/100,000) populations had similar rates of self injury. The highest rates of self-inflicted injuries were among youth 15-19 years (183.8/100,000), followed by young adults 20-24 years (129.6/100,000) and the most common method of self-inflicted injury is by poisoning drugs, highest rates were among youth 15-19 years (102/100,000), followed by young adults 20-24 years (66.4/100,000). Male children ages 5-9 (3.6/100,000) were seen in the State's emergency departments for self injury more frequently than girls the same age (1.0/100,000). However, older girls and young women were seen in emergency departments at greater rates than males for ages 10-14 (82.0 vs. 26.3/100,000) for ages 15-19 (243.1 vs. 127.5/100,000) and for ages 20-24 (143.3 vs. 116.4/100,000). For all ages 10 to 24 the most frequently identified self inflicted injury was for poisoning and drug overdose followed by cutting (Mohamed, 2008).

According to the National College Health Assessment in the 12 months prior to the assessment 21% of college students felt hopeless, 15% felt so depressed it was difficult to function, 18% felt overwhelming anxiety, and more than 50% expressed higher than average stress. In addition, 20% had a history of being diagnosed with depression (American College Health Assoc., Fall 2008).

The United Way of CT operates the crisis hotline for the State of CT that is part of the national Suicide Prevention Lifeline crisis response network, 2-1-1. There was a notable increase in the calls to the suicide prevention hotline for ages 10-17 and for ages 18-24 between 2006 and 2007. The numbers remained relatively stable between 2007 and 2008 (United Way of CT, 2009).

In 2008, the CT Chief Medical Examiner's Office reported a total of 300 deaths by suicide, six of them being youth age 10-14, 15 of teens age 15 and 19, and 16 of young adults age 20-24 (OCME, 2009). According to the CT Office of the Child Advocate, 67 youth suicides in 46 towns of 10-17 year-olds occurred between January 1, 2001 and December 31, 2008, with some towns having experienced multiple suicides. Males made up the majority of the deaths and hanging was the most common method, and in 2008 it was the only method (CT OCA, 2009).

Sources:

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