2022 Epidemiological Profile: Suicide



A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

Suicide is defined as death caused by self-directed violence with an intent to die.¹ Suicide is a growing public health problem and is a leading cause of death in the United States.¹ Suicide is a problem across the lifespan; however, it is the second leading cause of death among people 10-14 years old and 20-24 years old.¹ Suicide was responsible for 48,183 deaths in 2021, which is about one death every 11 minutes.¹

In the United States, the suicide rate increased approximately 36% between 2000 - 2021.¹ Non-Hispanic American Indians/Alaska Natives had highest suicide rate followed by non-Hispanic Whites.¹ Young people who identify as lesbian, gay, or bisexual have higher prevalence of suicidal thoughts and behavior compared to their peers who identified as heterosexual.¹

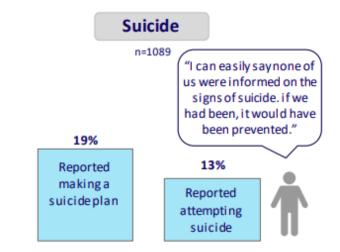
In Connecticut, the crude suicide rate in 2021 was 10.9 deaths per 100,000 population.² The age-specific suicide rate is highest among those ages 65+, with a rate of 16.8 deaths per 100,000 population.³ The number of suicide deaths per year in Connecticut has decreased in 2020 compared to the 2015-2019 years, with changes of 12.4%.³ The rate is slightly raised again in 2021 compared to 2020 (10.9% vs. 9.9%, respectively) but the overall crude suicide rate is lower than 2015-2019 (11.3%).²

Data from the 2021 National Survey on Drug Use and Health (NSDUH) showed 3.99% of adult respondents in Connecticut reported having serious thoughts of suicide in the past year.⁴

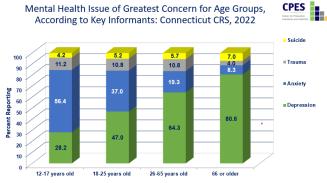
In 2021, 14.1% of CT high school students reported considering suicide in the past year, while 5.9% reported attempting suicide.⁵

¹ CDC (2023). Suicide Prevention

2020 Young Adult Statewide Survey (YASS)⁶: 18-25 years old



2022 Community Readiness Survey (CRS): Mental Health Issue of Greatest Concern for Age Groups⁷:



At-Risk Populations

- On average, men account for 75.5% of suicides in CT.³
- Nationally, non-Hispanic American Indian/Alaska Natives experience highest rates of suicide.¹

⁴ NSDUH (2021)

⁵ CT School Health Survey/YRBS (2021).



 $^{^{\}rm 2}$ CT DPH (2021). CTVDRS, Violent Deaths: Connecticut Data 2015 to 2021

³ CT OCME (2022). Annual Statistics: Suicides

⁶ YASS (2020)

⁷ CRS (2022)

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- Other disproportionately impacted populations include Veterans and military personnel and certain occupational groups such as construction and sports.¹
- Sexual minority youth experience increased suicidal ideation and behavior compared to their peers.¹
- Mental illness is a risk for suicide, including depression, anxiety, bipolar disorder, and general depressed mood.²
- Physical illness, such as terminal illness and chronic pain, as well as intimate partner problems.²

Other risk factors include¹:

- Family history of suicide;
- Childhood abuse/trauma;
- Previous suicide attempts;
- History of substance misuse;
- Cultural and religious beliefs;
- Local epidemics of suicide;
- Isolation;
- Barriers to treatment;
- Loss (financial, relational, social, work); and
- Easy access to lethal means.

Consequences

- Suicide impacts the health of the community and those around the individual. Family and friends experience many emotions including shock, guilt, and depression.¹
- People who attempt suicide and survive can sometimes experience serious injuries which can have long term health effects.¹
- In 2020, suicides and attempts cost the nation over \$500 billion in medical costs, work-loss costs, values of statistical life, and quality of life costs.¹

Connecticut SEOW Prevention Data Portal

For more data and information relevant to suicide in Connecticut, visit the

Connecticut SEOW Prevention Data Portal http://preventionportal.ctdata.org/

Resources

National Suicide Prevention Lifeline 1-800-273-TALK (1-800-273-8255)

In crisis in Connecticut, dial 2-1-1

Crisis Text Line Text CT to 741741

For more information and resources, visit

preventsuicidect.org



