

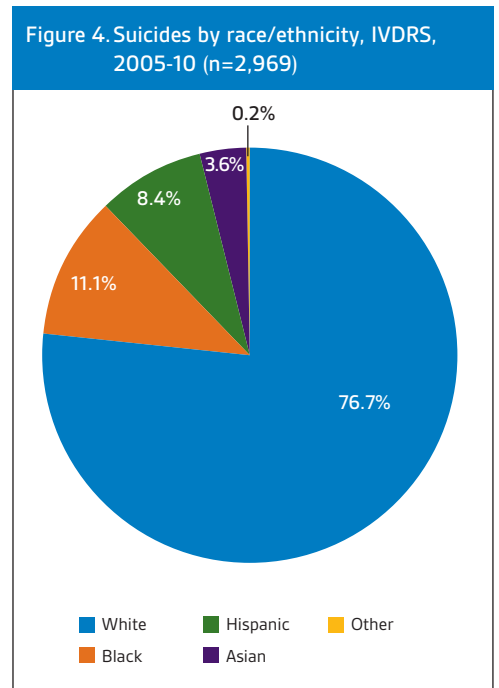
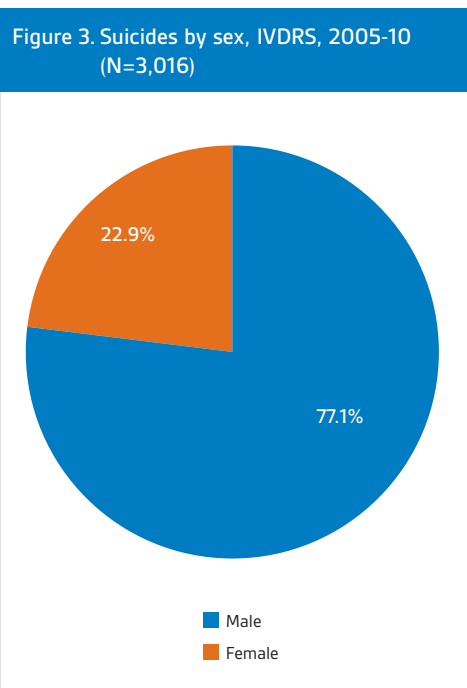
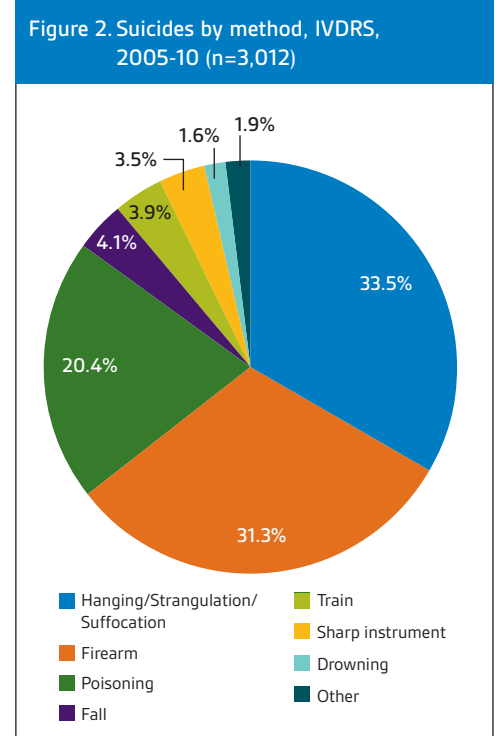
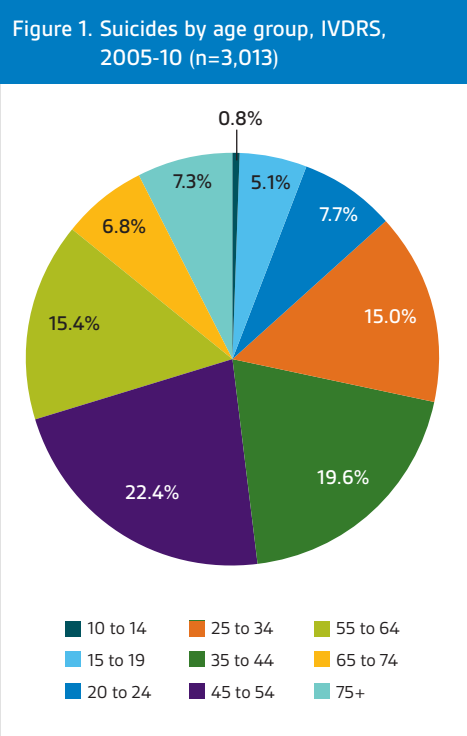
Circumstances surrounding suicide by age group

Suicide is among the five leading causes of death for Illinois citizens ages 10 to 54; for those ages 15 to 34, it is the third leading cause of death (WISQARS, CDC, 2010). The Illinois Violent Death Reporting System (IVDRS) was developed to help prevent these deaths by providing policy makers with timely, complete data, which includes the circumstances surrounding the deaths.

This Child Health Data Lab (CHDL) Data Brief uses IVDRS data to examine the circumstances that surround and/or are identified as contributing factors to suicides by age group in which the injury and death occurred in Cook, DuPage, Kane, McHenry and Peoria counties from 2005 to 2010.

The demographics and methods used in the 3,016 suicides included in the sample are presented in Figures 1 through 4. Information about how suicide varies by demographics and methods used is presented in a previous CHDL Data Brief (*Examining Suicides in Illinois, 2005-2008*, IVDRS, December 2011). There was little variation year to year in the number of suicides. Overall, the sample is largely comprised of young- to middle-aged adults (ages 25 to 64, 72.4% combined), males (77.1%) and whites (76.7%). The three most commonly used methods are hanging/strangulation/suffocation (33.5%), firearm (31.3%) and poisoning, which includes carbon monoxide (20.4%).

Table 1 presents the circumstances that present and/or appeared to have contributed to the suicide, by age group. Notable variations from the overall average are highlighted on page 2.



Notable variations in circumstance

Table 1. Notable variations in circumstance by age group		
Age group	Less likely to have	More likely to have
Ages 10 to 19	<ul style="list-style-type: none"> • Positive alcohol toxicological findings, or alcohol dependence problems • A current depressed mood, a current diagnosis of a mental health problem or ever received treatment for a mental health problem (ages 10 to 14 only) • Left a suicide note (ages 10 to 14 only) 	<ul style="list-style-type: none"> • Ever received treatment for a mental health problem (ages 15 to 19 only) • Experienced a crisis within two weeks of the suicide (ages 10 to 14 only)* • School problems • Relationship problems with family, friends or others (non-intimate partner)
Ages 20 to 34	<ul style="list-style-type: none"> • Current diagnosis of a mental health problem, received treatment for a mental health problem (currently and ever) (ages 20 to 24 only) • Disclosed intent to commit suicide to another (ages 20 to 24 only) 	<ul style="list-style-type: none"> • Positive alcohol toxicological findings • Substance abuse problem (ages 25 to 34 only) • Criminal legal problems • Problems with a current or former intimate partner (ages 25 to 34 only)
Ages 35 to 64	<ul style="list-style-type: none"> • Positive alcohol toxicological findings or a substance abuse problem (ages 55 to 64 only) • Experienced a crisis within two weeks of the suicide (ages 55 to 64 only) 	<ul style="list-style-type: none"> • Positive alcohol toxicological findings or have alcohol dependence problems (ages 35 to 54) • Current diagnosis of a mental health problem, received treatment for a mental health problem (currently and ever) (ages 45 to 64 only) • Financial and job/employment problems (ages 45 to 64 only) • Problems with a current or former intimate partner (ages 35 to 44 only)
Ages 65+	<ul style="list-style-type: none"> • Ever received treatment for a mental health problem • A history of prior suicide attempts • Relationship problems (intimate partner, family, friends or other) 	<ul style="list-style-type: none"> • Experienced a death of family member/friend within 5 years (ages 75+ only) • Physical health problems • Disclosed intent to commit suicide to another (ages 75+ only)

*The CDC defines "crisis" as a very current crisis or acute precipitating event, as interpreted through the eyes of the victim.

Circumstances surrounding and/or appearing to contribute to suicide

Table 2. Circumstances surrounding and/or appearing to contribute to suicide, by age group

Age group	TOTAL (n=3013)	10 to 14 (n=23)	15 to 19 (n=153)	20 to 24 (n=233)	25 to 34 (n=451)	35 to 44 (n=591)	45 to 54 (n=674)	55 to 64 (n=463)	65 to 74 (n=205)	75+ (n=220)
Mean number of circumstances recorded	7.0	5.4	6.5	6.4	7.0	7.0	7.4	7.2	6.5	6.7
Alcohol present in blood (n=2,807)	34.1%	0.0%	17.1%	43.8%	44.8%	43.2%	38.2%	25.0%	21.5%	10.2%
Person has alcohol dependence problem	16.5%	0.0%	3.3%	9.4%	16.6%	20.8%	24.5%	17.9%	7.3%	4.1%
Person has substance abuse problem	10.0%	—	10.5%	11.2%	18.8%	13.4%	10.7%	3.9%	—	—
Current depressed mood	34.8%	17.4%	37.3%	31.3%	29.0%	33.8%	35.5%	38.9%	37.1%	40.5%
Current mental health problem	49.3%	34.8%	44.4%	39.9%	46.3%	47.9%	57.1%	55.5%	42.0%	44.1%
Currently in treatment for mental health problem	34.1%	30.4%	33.3%	21.9%	30.4%	31.8%	42.0%	38.9%	28.8%	32.3%
History of ever being in treatment for mental health problem	35.7%	21.7%	41.2%	28.3%	33.7%	33.8%	41.7%	39.5%	28.8%	30.0%
Experienced crisis within two weeks of suicide	20.9%	34.8%	22.2%	26.2%	25.7%	24.7%	18.5%	14.0%	17.6%	18.2%
Death of family member or friend within five years	6.0%	—	5.2%	3.4%	3.1%	4.9%	6.5%	7.3%	6.3%	13.2%
Suicide of family member or friend within five years	1.1%	0.0%	—	1.7%	—	0.7%	1.2%	1.7%	—	—
Legal (non-criminal) problems	2.7%	—	0.0%	2.6%	3.5%	4.4%	2.5%	3.2%	—	0.0%
Criminal legal problems	6.7%	—	4.6%	11.2%	11.3%	8.6%	5.9%	5.0%	—	0.0%
Physical health problems	18.7%	0.0%	2.6%	4.3%	4.2%	7.6%	17.5%	28.5%	44.9%	65.5%
Financial problems	13.6%	—	—	4.3%	9.8%	16.1%	17.7%	23.1%	12.7%	2.7%
Job/Employment problems	15.1%	0.0%	4.6%	10.3%	16.4%	15.6%	22.6%	19.4%	6.8%	—
School problems	1.3%	21.7%	11.8%	3.9%	0.9%	—	—	0.0%	0.0%	0.0%
Person left a suicide note	35.0%	21.7%	39.2%	32.2%	31.9%	33.3%	36.5%	38.2%	34.1%	36.4%
Victim had history of attempting suicide	20.3%	21.7%	23.5%	21.0%	23.1%	21.5%	21.1%	20.3%	14.1%	12.3%
Victim disclosed to another person their intention to commit suicide	25.5%	26.1%	30.1%	17.6%	29.9%	25.0%	22.8%	24.6%	24.4%	34.1%
Problems with current or former intimate partner	25.1%	—	26.8%	27.9%	39.2%	34.7%	24.6%	16.2%	8.3%	3.2%
Other relationship problem with family member/friend/associate	7.5%	39.1%	26.1%	9.0%	6.4%	6.1%	6.8%	6.5%	3.9%	3.2%

* Categories with less than four subjects have been suppressed due to instability.

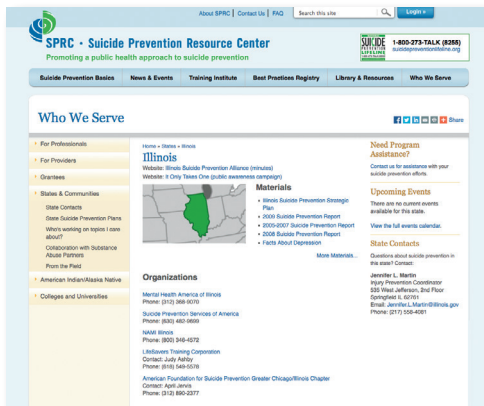
National Suicide Prevention Lifeline



No matter what problems you are dealing with, we want to help you find a reason to keep living. By calling **1-800-273-TALK (8255)** you'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7.

suicidepreventionlifeline.org

Suicide Prevention Resource Center: Illinois



Promoting a public health approach to suicide prevention

sprc.org/states/illinois

It Only Takes One



Suicide prevention in Illinois — Public awareness campaign

itonlytakesone.org/resource/

TECHNICAL NOTES

The Illinois Violent Death Reporting System (IVDRS) is a project of the Child Health Data Lab at the Stanley Manne Children's Research Institute at Ann & Robert H. Lurie Children's Hospital of Chicago. It is based on the National Violent Death Reporting System (NVDRS), which was developed by the Centers for Disease Control and Prevention (CDC) and uses NVDRS software and protocols. IVDRS seeks to help researchers and policymakers determine the circumstances and risk factors associated with homicide, suicide and other violent deaths by linking timely data from multiple sources. In Illinois, we collect this information in Cook, DuPage, Kane, Lake, McHenry and Peoria counties. We gratefully acknowledge the assistance of our data-providing agencies including the Cook County Medical Examiner, the County Coroners at DuPage, Kane, Lake, McHenry and Peoria, the Illinois Department of Public Health and the Chicago Police Department. For additional information on NVDRS, see cdc.gov/ViolencePrevention/NVDRS.

What is a violent death?

CDC establishes standards for all of the state-level Violent Death Reporting Systems, such as the one in Illinois. The CDC defines violent death as homicide, suicide, unintentional firearm death, death from legal intervention, death related to terrorism and death from undetermined causes. Cook County (which includes the City of Chicago) is the source of the majority of IVDRS data; the data cannot be understood as representative of Illinois as a whole.

CONTACT INFORMATION

Illinois Violent Death Reporting System

Maryann Mason, PhD
Principal Investigator
312.227.7026
mmason@luriechildrens.org

Rebecca Levin, MPH
Strategic Director
312.227.6948
rlevin@luriechildrens.org

Stanley Manne Children's Research Institute
225 East Chicago Avenue, Box 157
Chicago, IL 60611-2991

Stanley Manne
Children's Research Institute™
Smith Child Health Research Program