



CT Violent Death Reporting System

CTVDRS

Suicide Deaths in Connecticut: 2015 Preliminary Data

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Connecticut Department of Public Health - *Keeping Connecticut Healthy*

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Overall Suicide Proportions

☐ 381 Suicides Occurred in Connecticut in 2015

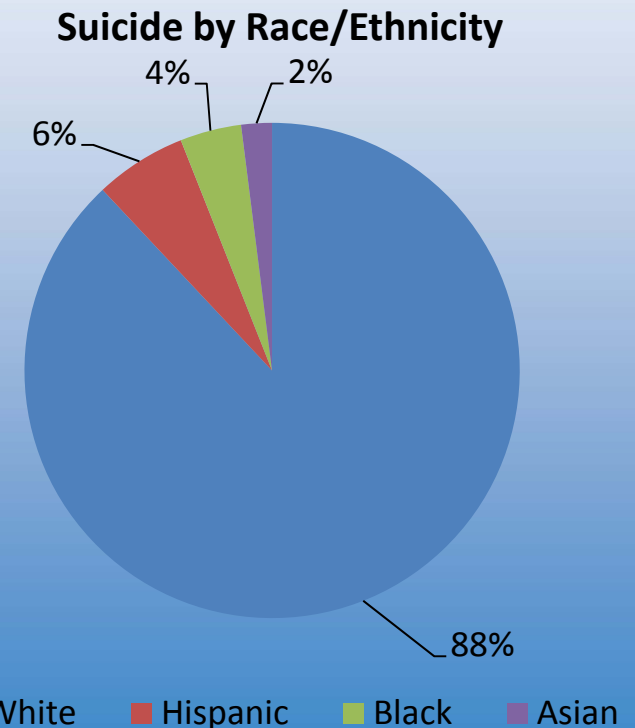
- ❖ 88% were White, 6% Hispanic, 4% Black, and 2% Asian
- ❖ 4% reported having served in the military

☐ 281 Male (74%)

- ❖ Age Range 13-93 Years Old
- ❖ Mean Age: 50 Years, Median Age: 51 Years
- ❖ 90% White, 4% Hispanic, 4% Black, and 2% Asian

☐ 100 Female (26%)

- ❖ Age Range 15-91 Years Old
- ❖ Mean Age: 48 Years, Median Age: 49 Years
- ❖ 84% White, 8% Hispanic, 3% Black, and 5% Asian



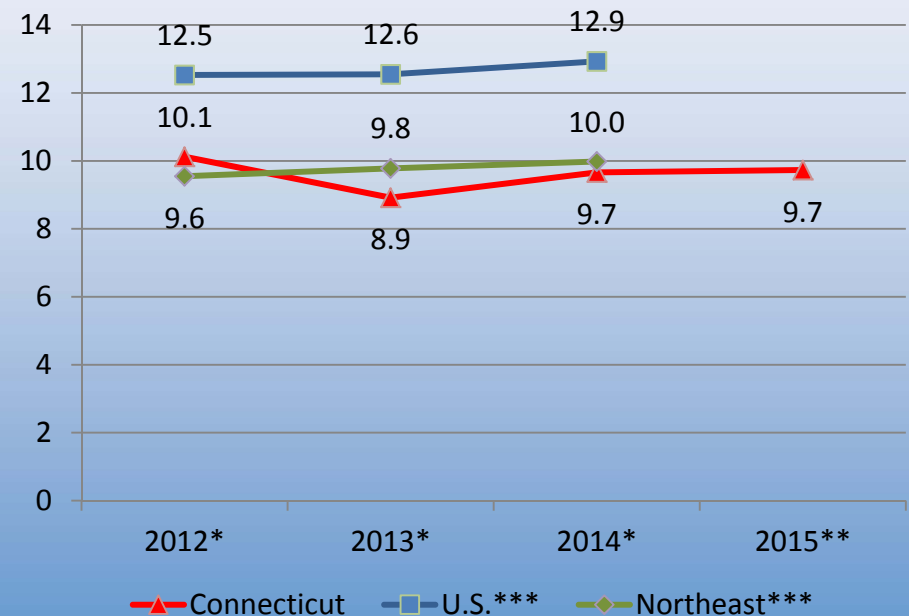


CT Violent Death Reporting System Age-Adjusted Suicide Rates



- ☐ Connecticut suicide rates were below the national and regional rates in 2013 and 2014.

Age-Adjusted Suicide Rates per 100,000
CT Population



*2012-2014 Age-Adjusted Suicides Rates based on Office of the Chief Medical Examiner data.

**2015 Age-Adjusted Suicide Rates based on NVDRS data. Denominator based on 2014 Connecticut population.

*****Content source:** Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS Fatal Injury Data (http://webappa.cdc.gov/sasweb/ncipc/dataRestriction_inj.html); **Northeast Includes:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.



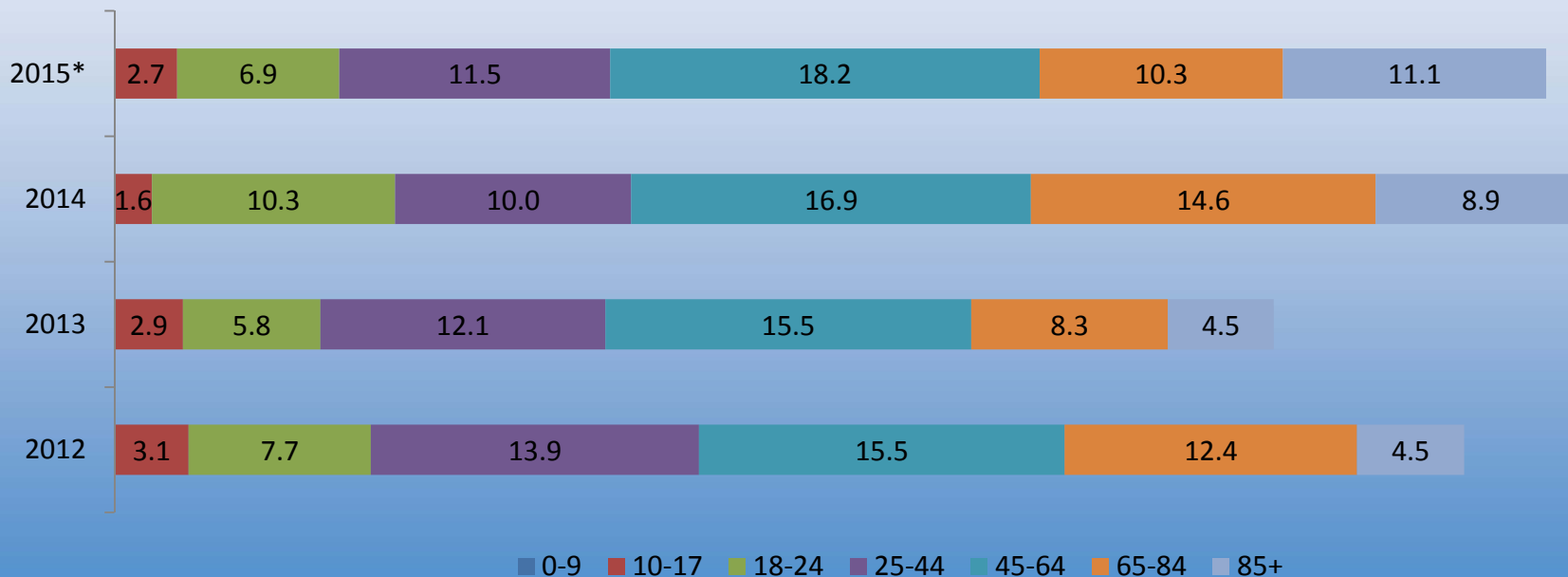
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Age-Specific Suicide Rates



- ☐ Suicide rates among middle-aged and older adults has been increasing between 2013 and 2015.

Age-Specific Suicide Rates per 100,000 CT Population



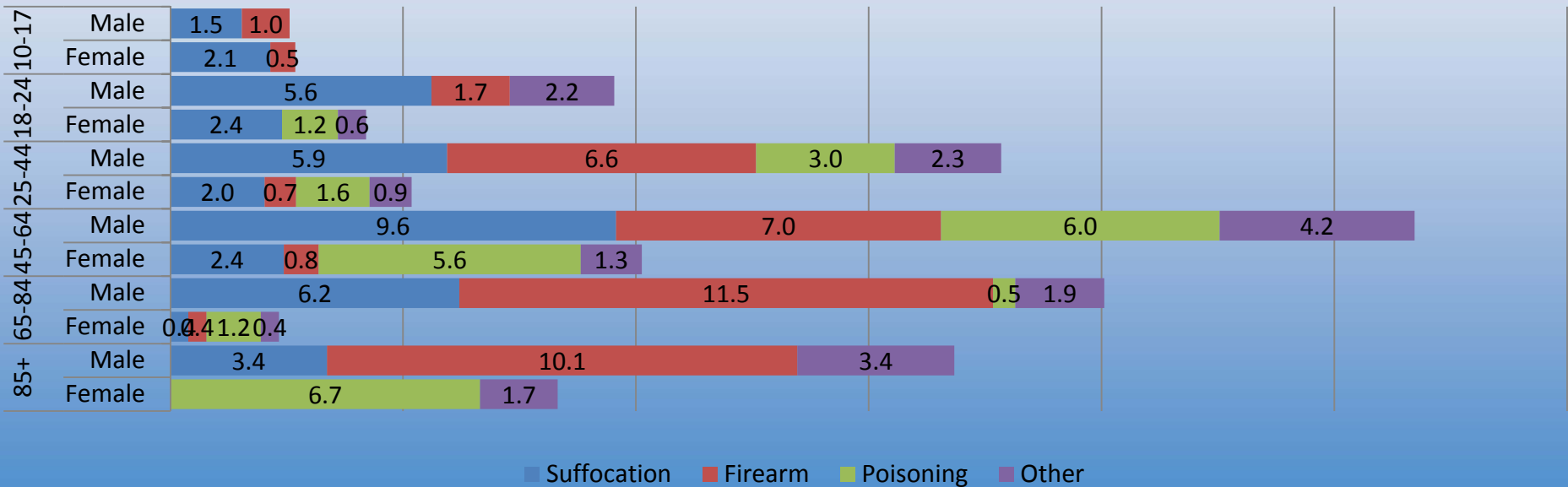
*2015 Age-Specific Suicide Rates based on 2014 Connecticut population.

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Suicide Rates by Mechanism

- Suffocation was the leading method of suicide among persons under 25 years of age.
- Poisoning was the leading method of suicide among females, 45 years of age and older.
- Firearm was the leading method of suicide among males, 65 years of age and older.

Mechanism of Suicide, Rates per 100,000 CT Population



* N = 381 with a reported method of suicide (281 males and 100 females).

** Rates based on 2014 Connecticut population.



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Known Circumstances for All Ages



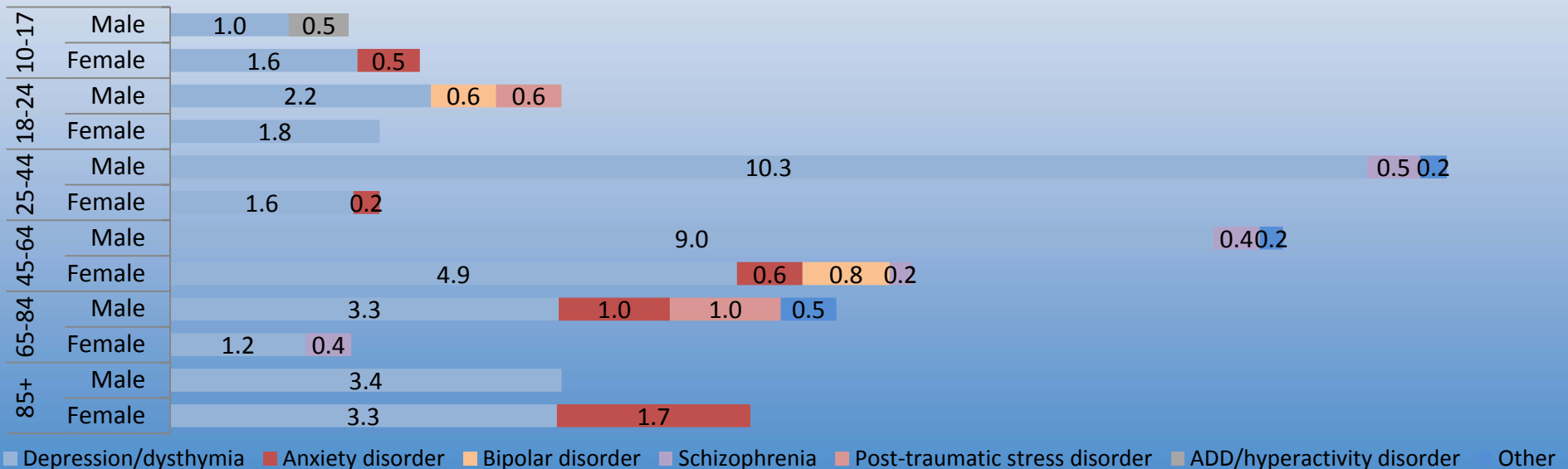
Number of Suicides [N] **381**
Known Circumstances [N (%)] **346 (90.8)**

Circumstance	N (%)	Circumstance	N (%)
Perceived to be Depressed	205 (59.3)	Non-Criminal Legal Problem	18 (5.2)
History of Ever Receiving Mental Illness or Substance Abuse Treatment	177 (51.2)	Non-Suicide Death of a Friend Or Family Member	17 (4.9)
Currently Diagnosed with a Mental Health Problem	165 (47.7)	Non-Intimate Partner Family Relationship Problem	13 (3.8)
Currently Receiving Mental Health/Substance Abuse Treatment	115 (33.2)	Non-Drug Related Addiction	13 (3.8)
Alcohol and/or Other Substance Abuse Problem	86 (24.9)	Precipitated by Another Crime	11 (3.2)
Intimate Partner Problem	67 (19.4)	Eviction Or Loss Of Home	10 (2.9)
History of Attempted Suicide	66 (19.1)	Involved a Fight Between Two People	7 (2.0)
History of Suicidal Thoughts	55 (15.9)	Recent Suicide of a Friend or Family Member	6 (1.7)
Physical Health Problem	53 (15.3)	Relationship Problem with Friend or Associate	5 (1.5)
Crisis Within Two Weeks of Incident	40 (11.6)	Current or Ongoing Intimate Partner Violence	3 (0.9)
Disclosed an Intention To Commit Suicide	38 (11.0)	School Problem	2 (0.6)
Financial Problem	28 (8.1)	Occurred On or Near the Anniversary of a Traumatic Event	2 (0.6)
Recent Criminal Legal Problem	26 (7.5)	Perpetrator of a Violent Act Within the Previous Month	1 (0.3)
Argument	24 (6.9)	Jealousy/Distress Over a Current/Former Intimate Partner	1 (0.3)
Job Problem	19 (5.5)		

CT Violent Death Reporting System Mental Health

- ❑ Males had a higher rate of mental health diagnosis than females in most age categories, particularly in the 25-44 and 45-64 age categories.
- ❑ Depression was the most common diagnosis.

Known Mental Health Conditions, Rates per 100,000 CT Population

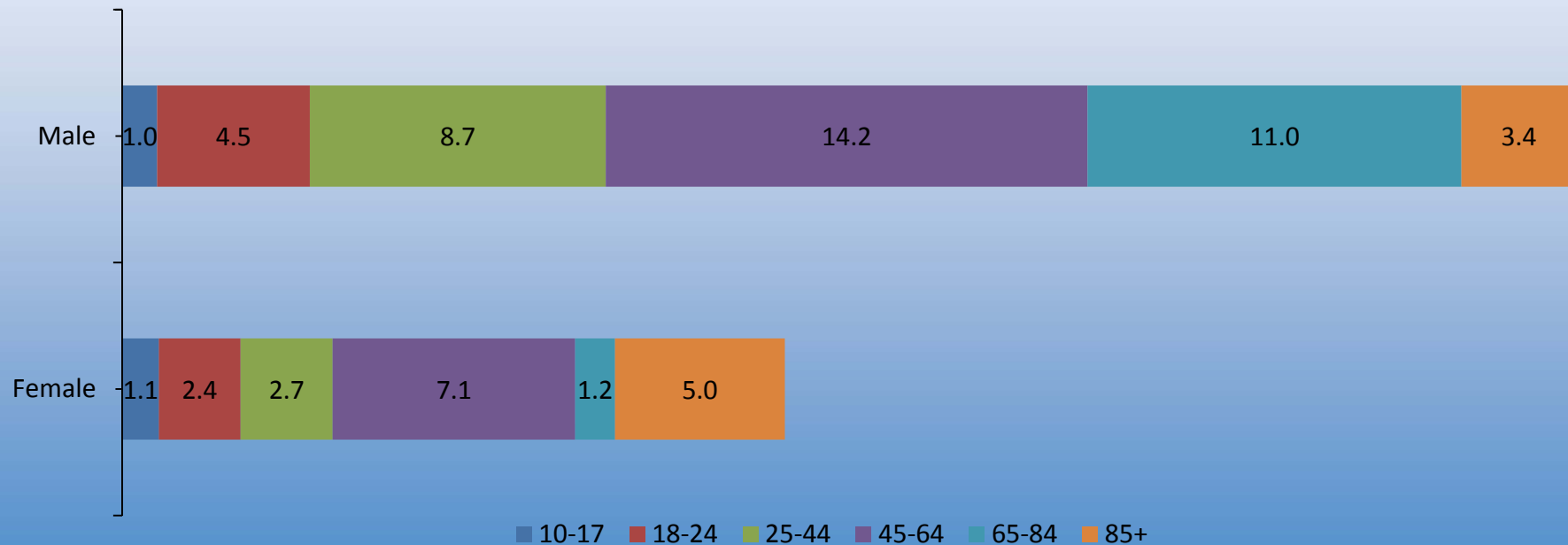


* N = 152 persons that were reported to have a MH diagnosis (96 males and 56 females). Conditions were unknown for 13 persons with a mental illness.
 ** Rates based on 2014 Connecticut population.

CT Violent Death Reporting System Mental Health

- ☐ Middle-aged persons had higher rates of perceived depression, particularly males.

Perceived to be Depressed, Rates per 100,000 CT Population



* N = 205 persons that were perceived to be depressed (143 males and 62 females).

** Rates based on 2014 Connecticut population.

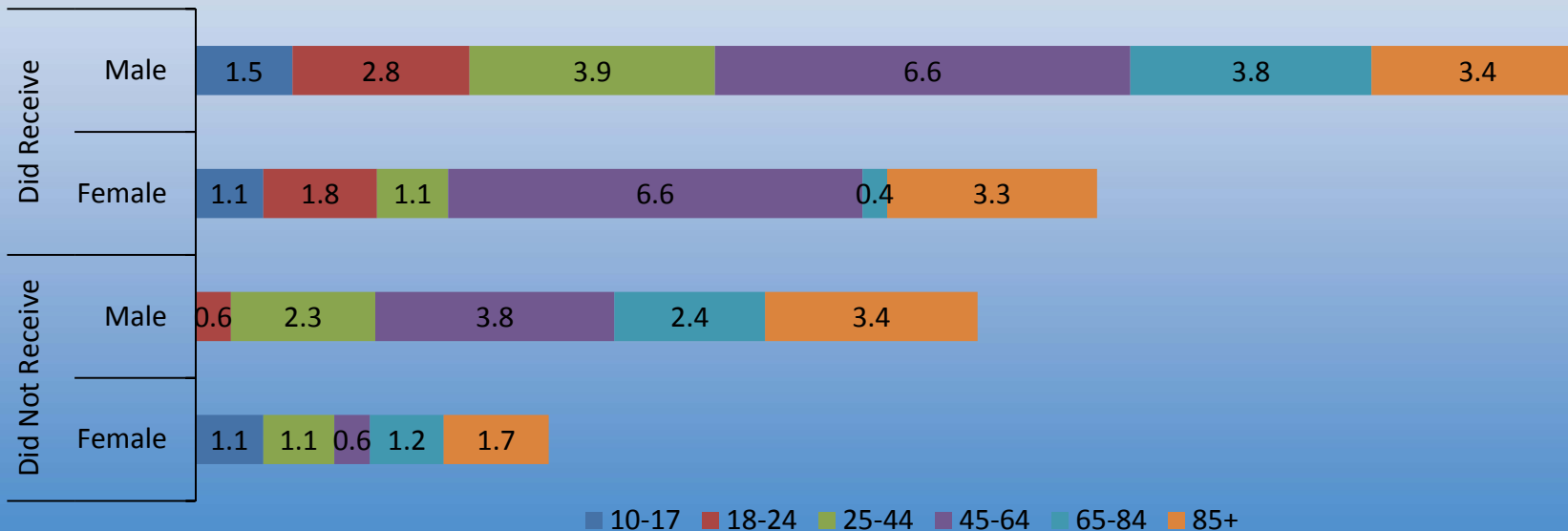


CT Violent Death Reporting System Mental Health



- ❑ 165 persons that were diagnosed with a mental health illness within two months of incident, with 115 receiving treatment (67 males and 48 females).
- ❑ Middle-Aged persons had higher rates of receiving treatment.

Among Those with a Mental Health Diagnosis, Rates per 100,000 CT Population who did receive or did not receive MH/SA Treatment within Two Months of Incident



* Rates based on 2014 Connecticut population.

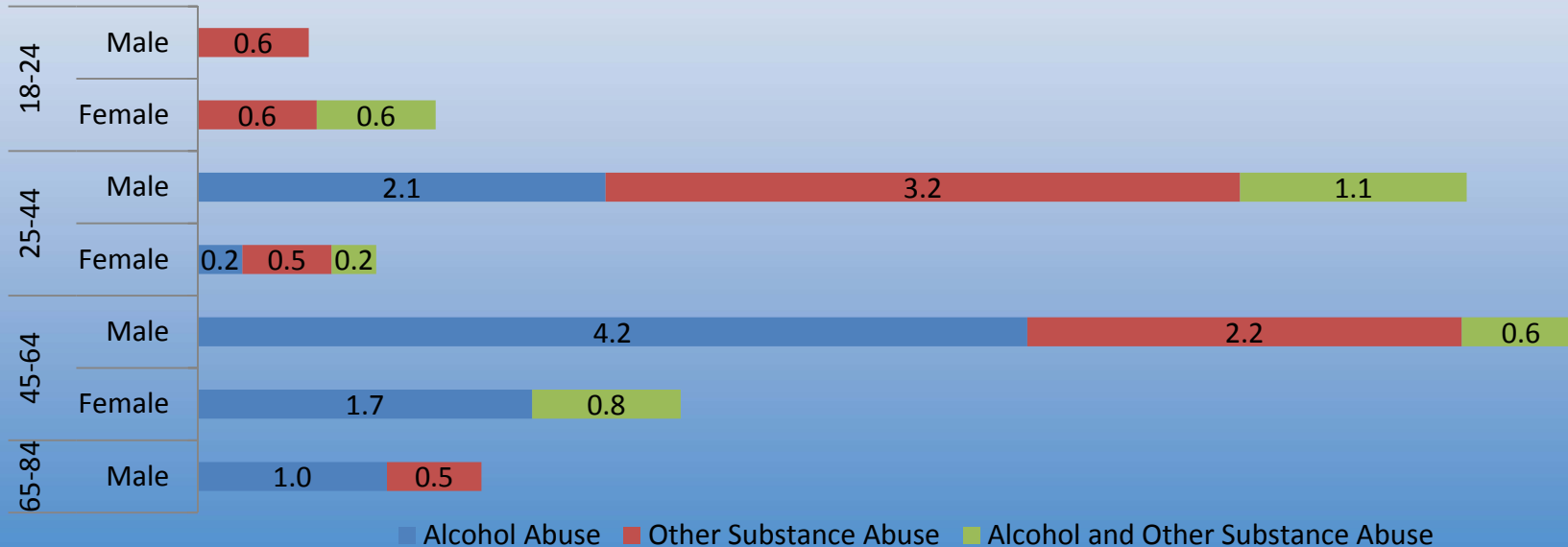


CT Violent Death Reporting System Alcohol and/or Other Substance Abuse



- Persons in the 25-44 and 45-64 age categories had higher rates of substance abuse, particularly males.
- Alcohol-only abuse was the most reported substance.

Reported Alcohol and/or Other Substance Abuse, Rates per 100,000 CT Population



* N = 86 persons were reported to have alcohol and/or substance abuse problems (67 males and 19 females).

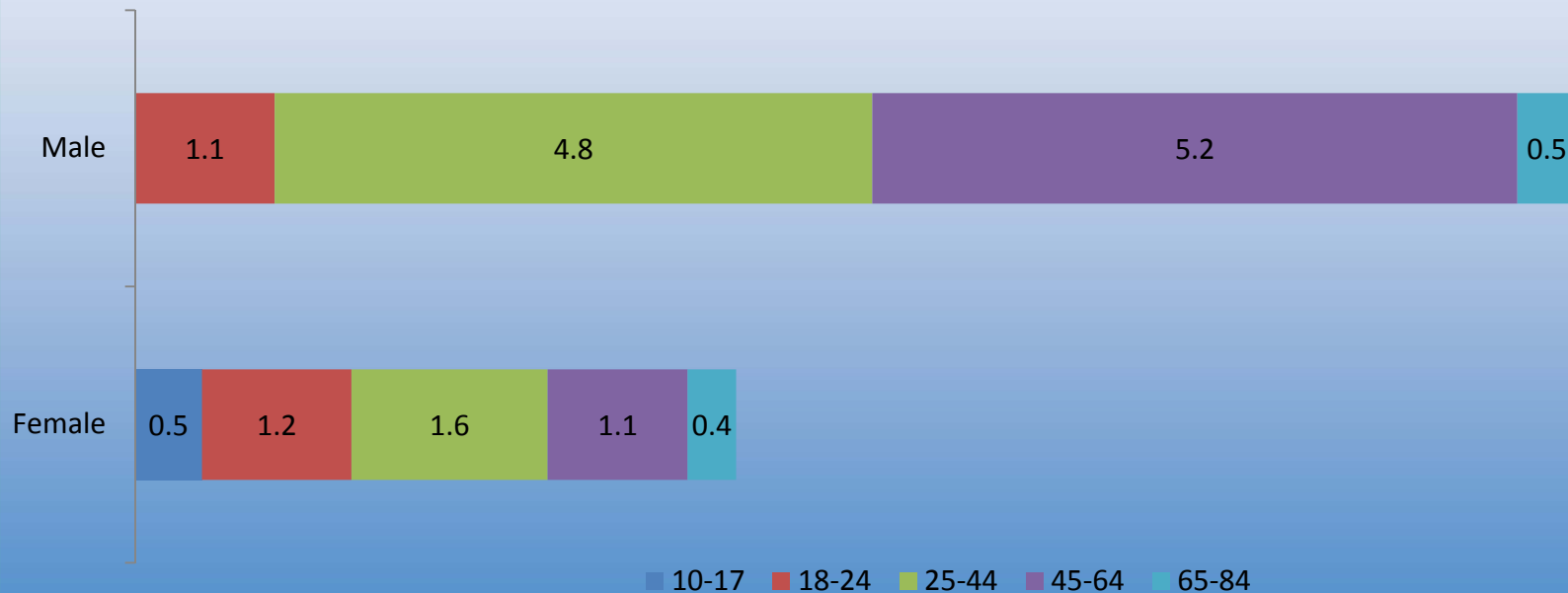
** Rates based on 2014 Connecticut population.

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Intimate Partner Problem

- ☐ Males in the 25-44 and 45-64 age category were more likely than females to experience an intimate partner problem (i.e., 3 times and 4.6 times more likely, respectively).

Experienced an Intimate Partner Problem, Rates per 100,000 CT Population



* N = 67 persons were reported to have an intimate partner problem (50 males and 17 females).

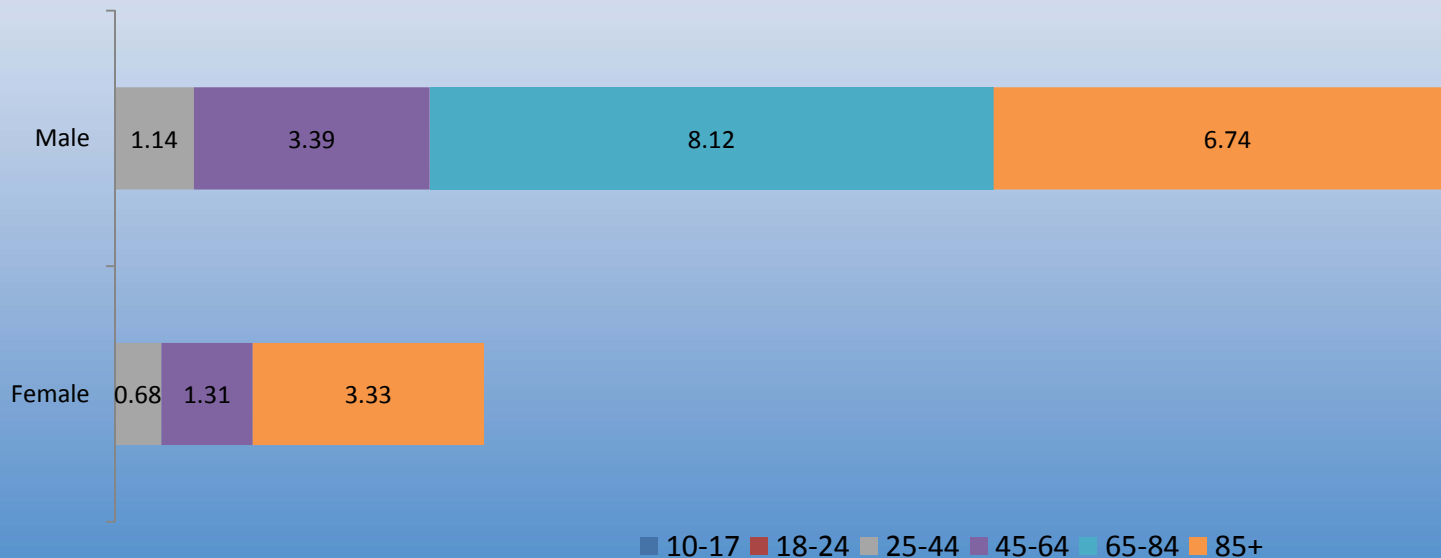
** Rates based on 2014 Connecticut population.

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Physical Health Problem

- Older adults had higher rates of reported physical health problems, particularly males.
- No one under 25 had a reported physical health problem.

Reported Contributing Physical Health Problem, Rates per 100,000 CT Population



* N = 53 persons were reported to have a physical health problem (41 males and 12 females).

** Rates based on 2014 Connecticut population.

*** Includes Health Problems and Chronic Pain/Illness.



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Top Five Known Circumstances by Specific Age Categories



	<u>Ages < 25</u>	<u>Ages 25 - 64</u>	<u>Ages > 64</u>
Cases [N]	34	289	58
Circumst [N(%)]	29 (85.3)	262 (90.7)	55 (94.8)
	<u>Most Frequent</u>	<u>Most Frequent</u>	<u>Most Frequent</u>
1	Perceived to have Depressed Mood	Perceived to have Depressed Mood	Perceived to have Depressed Mood
2	History of Ever Receiving Mental Illness or Substance Abuse Treatment	History of Ever Receiving Mental Illness or Substance Abuse Treatment	History of Ever Receiving Mental Illness or Substance Abuse Treatment
3	Currently Diagnosed with a Mental Health Problem	Currently Diagnosed with a Mental Health Problem	Currently Diagnosed with a Mental Health Problem
4	Currently Receiving Mental Health/Substance Abuse Treatment	Currently Receiving Mental Health/Substance Abuse Treatment	Contributing Physical Health Problem*
5	History of Attempted Suicide	Alcohol and/or Other Substance Abuse Problem at Time of Death	Currently Receiving Mental Health/Substance Abuse Treatment

* Includes Health Problems and Chronic Pain/Illness.



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Risk factors

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- Middle aged persons were most at-risk of committing suicide, particularly males.
- Mental illness was a major risk factor in the suicides.
- Other risk factors depended on the age of the decedent:
 - ❖ Younger age groups had a history of suicide attempts and ideation
 - ❖ Middle age groups had an alcohol or other substance abuse problem
 - ❖ Middle age and younger had intimate partner problems
 - ❖ Older age groups had a physical health problem that contributed to their suicide
- State map of the city of injury demonstrated that the rate of suicides varied geographically.

Thank you.

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.