Suicide Risk and Mental Health Data

Connecticut Department of Public Health
Population-Based Surveillance Systems

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Suicide Risk and Mental Health Data

• Behavioral Risk Factor Surveillance System (BRFSS)

• Youth Risk Behavior Surveillance System (YRBS)
  Also known as the Connecticut School Health Survey (CSHS) Youth Behavior Component
Behavioral Risk Factor Surveillance System (BRFSS)

- Ongoing anonymous statewide phone survey (landline and cell phone);
- Connecticut adult citizen volunteers (18 and over);
- Funded by U.S. Centers for Disease Control and Prevention (CDC) to all states in country;
- Offered in Connecticut since 1989;
- Core questions mandatory per CDC, plus CDC approved modules, plus state-added questions
Mental Health Among CT Adults...

**Frequent Mental Distress**

1 in 9 reported **poor mental health** 14 days or more in the past 30 days

**Depression**

1 in 6 diagnosed with depression

CT BRFSS 2018
Mental Health Among CT Adults...

**Depressive Episodes**

1 in 12 felt down, depressed or hopeless for more than half the days or nearly everyday in past 2 weeks

**Anxiety**

1 in 9 felt nervous, anxious or on edge for more than half the days or nearly everyday in past 2 weeks

Data Source: CT BRFSS 2018
Among CT Adults...

Suicidal Behaviors

1 in 8 **thought** of suicide in their lifetime

1 in 26 **attempted** suicide in their lifetime

1 in 3 **were aware** of the suicide prevention campaign

CT BRFSS 2018
Behavioral Risk Factor Surveillance System

www.ct.gov/dph/BRFSS

Social Determinants of Health Among CT High Healthcare Needs Adults

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Definition of high-risk on out of China, where the began, that showed certain higher risk of getting sick causing more complications.

Include:
- High risk of chronic conditions like: Heart Disease, Diabetes, Lung Disease

of Connecticut's population is age that's about 345,000 Connecticut's Estimated Adult Population category, 2018

emotional abuse, and 16.4% from drinking problems in households:
- ACEs are clustered: two-thirds of those who experienced ACEs reported fewer or more ACEs (5.8% rural and 21.4% urban residents.
- In Connecticut, emotional abuse (27.9%) and parents associated with adversities (26.2%) are the most prevalent ACE events (Figure 1, below).

Figure 2: Prevalence of ACEs Types in Connecticut

- Emotional Abuse: 7.6%
- Physical Abuse: 9.4%
- Neglect: 30.3%
- Substance Use: 13.5%
- Domestic Violence: 31.6%
- Medication overuse: 16.8%
- Drinking problems: 22.9%
- Separated by social parent: 30.3%
- Emotional abuse: 27.9%
YRBS / CT School Health Survey (CSHS)

- Administered in CT as the **CT School Health Survey**
- School-based survey of public high school students
  - grades 9 - 12
  - every other year since 2005
- Designed by the CDC
  - Must keep 2/3 of Standard Questions on CT survey version
  - Sponsored in CT by Depts. of Education and Public Health
  - Develop state-added questions
- Monitor priority health risk behaviors and protective factors
Among CT High School Students....

Mental Health

**Students reporting that their mental health was not good** including stress, depression, and problems with emotions, on at least 1 day in the past 30 days.

**Student felt sad or hopeless** almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

**Only 1 in 4** of these students said they got the help they needed

CT School Health Survey 2019
Among CT High School Students....

Suicidal Behavior

1 in 8 Seriously **considered** attempting suicide *during the past 12 months*

1 in 15 **actually attempted** suicide *during the past 12 months*

CT School Health Survey 2019
CT School Health Survey

www.ct.gov/dph/CSHS

Connecticut School Health Survey

10-year trends
2005-2015

Fact Sheet

December, 2016—The Connecticut School Health Survey (CSHS) is sponsored by the Department of Public Health and the State Department of Education, in cooperation with the Centers for Disease Control and Prevention. It is administered biennially to public middle and high school students in Connecticut and is comprised of two components: the Youth Tobacco Component (YTC) for grades 6 to 12, and the Youth Behavior Component (YBC) for grades 9 to 12. The two components have been administered to Connecticut public school students as the CSHS since 2005.

Motor Vehicle Safety
Since 2005, results from the CSHS have shown that teens have developed safer habits while a passenger in a motor vehicle, and while driving. Motor vehicle accidents have consistently been the leading cause of death for teens in Connecticut. Behaviors have improved with seat belt usage as a passenger, riding with a driver who has been drinking, drinking and driving, and texting and driving.

Risky Sexual Behaviors
While fewer teens reporting being sexually active since 2005, there was no increase in rate of condom usage among teens who were currently sexually active (see Figure 1).

Alcohol, Tobacco and Other Drug Use
From 2005 to 2015, fewer teens in Connecticut are smoking cigarettes, using alcohol and abusing fewer illicit drugs. A decline was not seen in marijuana use. Data collected from the 2015 YTC show that, for the first time, current e-cigarette use or “vaping” among high school students has surpassed current use of every other tobacco product, including cigarettes.

Protective Factors
The factor most associated with lowest risk behavior over the course of the survey’s ten years, was family or parent connectedness. Teens that reported having meals at home with family, feeling love and support from parents, and having parents that asked about their whereabouts when not at home showed the lowest prevalence of risky behavior.
CT BRFSS and CSHS Data

CDC web-based query tools:

BRFSS
www.cdc.gov/brfss/data_tools.htm

YRBS
http://nccd.cdc.gov/youthonline

Data Requests
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