

# Suicidal Behavior in Connecticut: A Brief Report

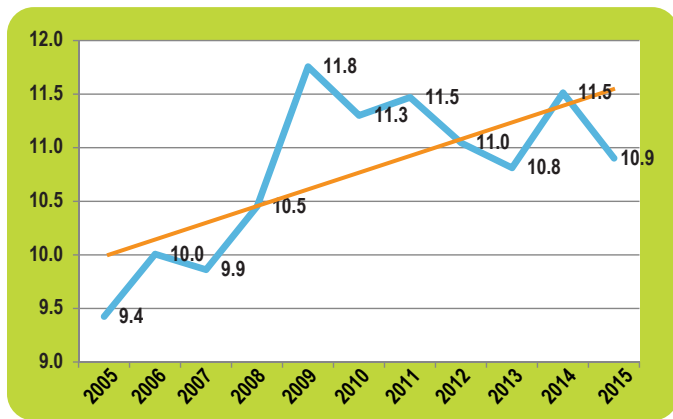
## Suicidal Behavior Among Adults 2005-2015



According to the CDC, suicide is the 10th leading cause of death in the US. Hospitalizations for suicide attempts are an important surveillance tool for monitoring trends in suicidal behavior. This report presents an analysis of trends in suicidal behavior among Connecticut adults ages 25 and older from fiscal years 2005–2015 using data from the state’s Hospital Inpatient Discharge Database.

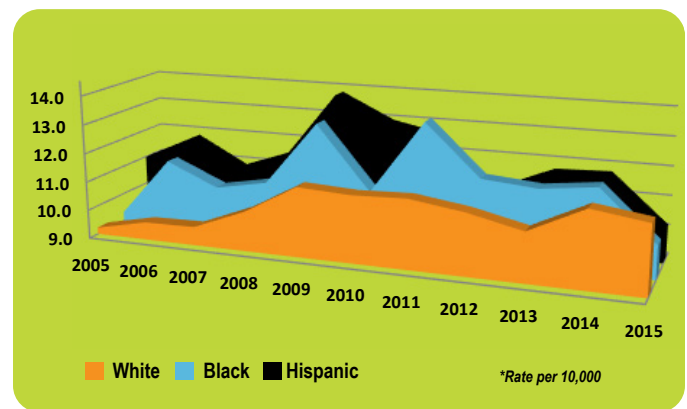
### Hospitalizations For Suicide Attempts 2005–2015

Hospitalizations following suicide attempts among Connecticut residents aged 25 and older have increased by almost 20% over the past decade. This is consistent with data from the CDC showing rates of death by suicide increasing nationally by over 20% since 1999 (NCHS Data Brief No. 241, April 2016).



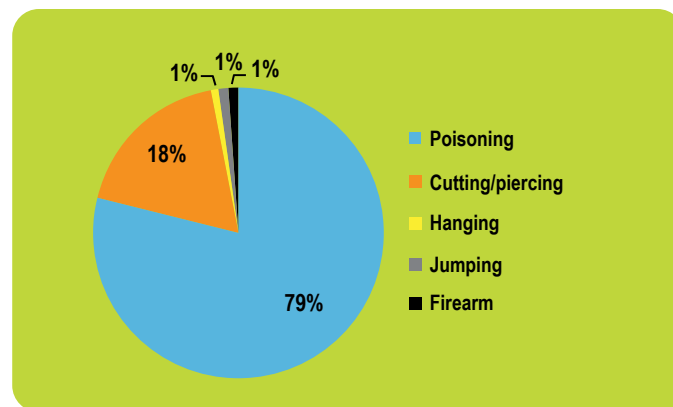
### Race and Ethnic Differences in Suicidal Behavior 2005–2015

Rates of hospitalization for suicide attempts among Whites in Connecticut increased approximately 25% from 2005–2015. Rates among Black adults increased substantially from 2005–2011 but have declined over the past 5 years. Hospitalizations for suicide attempts among Hispanic and Latino adults declined slightly over this period.



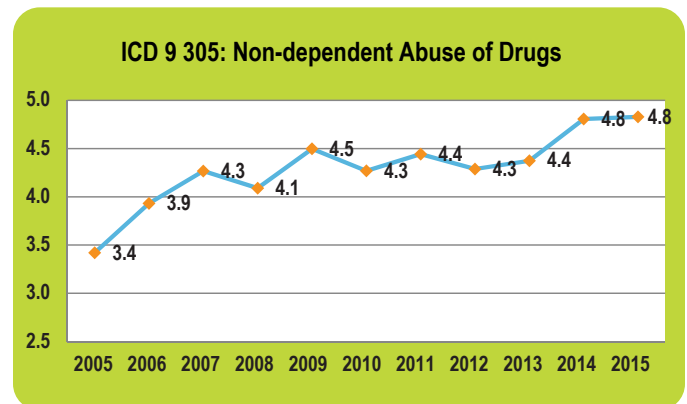
### Methods of Suicide Attempts 2015

Methods of suicide attempts requiring hospitalization have remained stable over the past decade. Seventy-nine percent of admissions in 2015 were the result of poisoning, followed by cutting or piercing (18%).



### Increases in Attempts Related to Drug Abuse

Rates of suicidal behavior associated with drug abuse have increased substantially since 2005. ICD 9 code 305 includes abuse of a wide range of substances, including alcohol, cannabis, cocaine, opioids, and prescription drugs. The 2015 rate of 4.8 per 10,000 was almost 40% higher than the rate in 2005.



This report was commissioned by the Connecticut Department of Mental Health and Addiction Services and Department of Children and Families on behalf of the CT Suicide Advisory Board. Data used in this study were obtained from the Connecticut Department of Public Health. The authors assume full responsibility for analysis and interpretation of these data. For additional information contact: Robert Aseltine, PhD, Professor and Chair, Division of Behavioral Sciences and Community Health, UConn Health (aseltine@uchc.edu).

