

Statistical and Prevention Brief on Suicide

If you are thinking about suicide, please call: 410-433-5175: 24 hours a day, 7 days a week.

Suicide and suicide attempts are preventable. In Baltimore City, on average, 53 people die from suicide each year (range: 36 to 67). Fourteen percent of suicide deaths occurred in youth under 25 years old, 1999-2015. No increase in youth suicide deaths in Baltimore has been observed. In Baltimore City, the highest suicide rates occur in 35-44 and 45-54 year olds. [Nationwide, suicide has increased between 1999-2014](#), according to the Centers for Disease Control and Prevention. Suicide was the 12th leading cause of death for all Marylanders and 10th nationally in 2015.

In Baltimore City, 82 percent of suicide deaths occurred among men. Of all suicide deaths, 43 percent occurred among white men and 36 percent among black men. The average age at death for both genders was 46 years of age. The average age for black men that died from suicide was 10 years younger than their white counterparts (41 years versus 51 years old). Sixty-one percent of female suicides were among white women. The average age for all women was 44 years old (no difference between race/ethnicity). One-third of suicide deaths were due to firearms. Source: Baltimore City Health Department Analysis of mortality data provided by the Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, DHMH Vital Statistics, 2010-2015.

Attempts

In Baltimore City (2014), there were an estimated 400 emergency department (ED) visits and 500 inpatient hospitalizations for suicide attempts (Health Services Cost Review Commission Data). Women were more likely than men to be seen in the ED (60 percent versus 40 percent of visits). The mean age for attempts in the ED was younger: 29 year old. Poisoning was seen in 55 percent of ED visits and cutting 25 percent (inpatient: 68 percent and 19 percent, respectively).




Suicidal Thoughts

In Baltimore City, high school girls were more likely to consider suicide (20 percent) and make a plan than high school boys. Overall, 18 percent of high school students had seriously considered suicide in the last 12 months (Youth Risk Behavior Survey, 2015).



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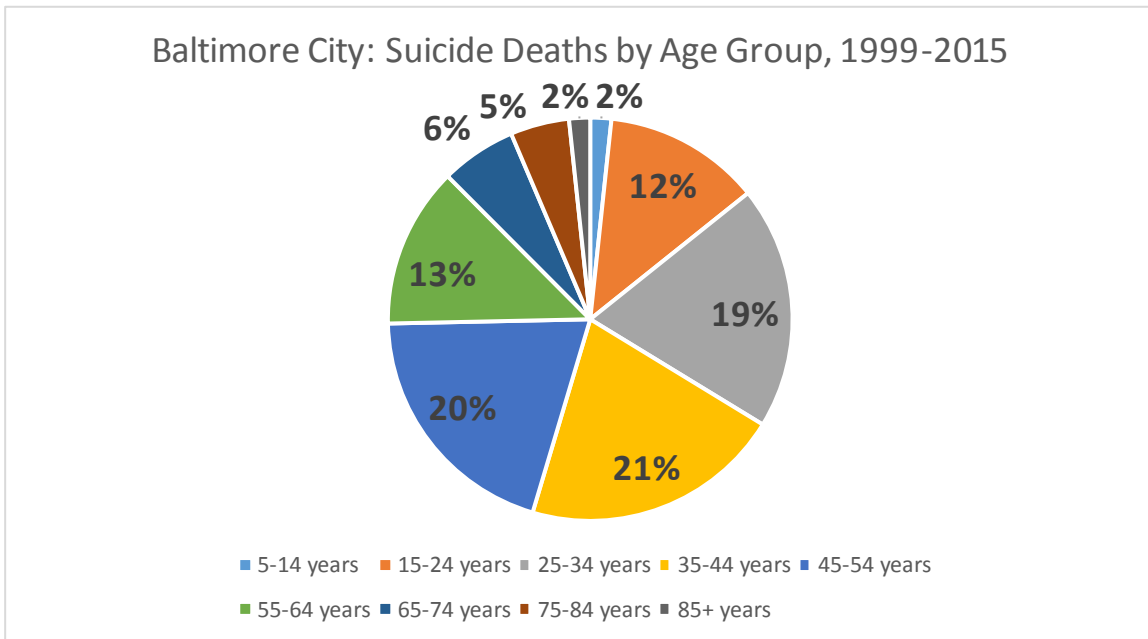
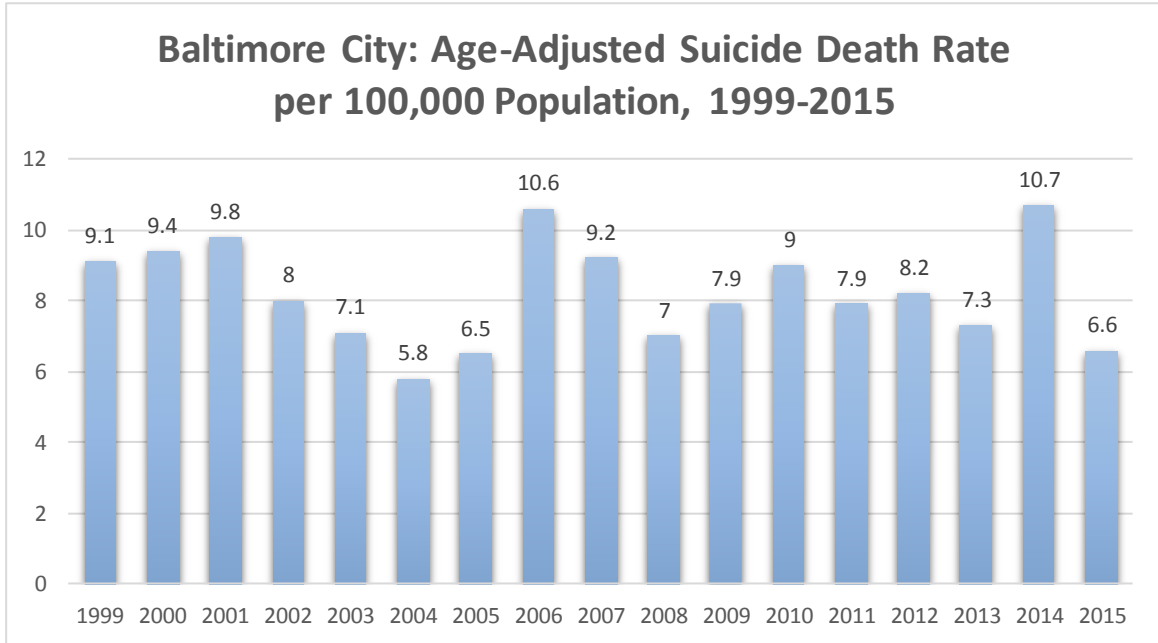
Risk Factors

Returning veterans, previous self-harm/suicide attempts, LGBTQ, unemployed, and victims of bullying (DHMH). Other risk factors: mental health disorders, substance use, chronic health problems/pain, stressful life events, access to weapons, and family history of suicide (American Foundation for Suicide Prevention (AFSP)).

Key Takeaways

- Suicide is preventable.
- Recognize the warning signs:
 - Talking about being a burden, trapped, in pain, no reason to live, hurting or killing themselves.
 - Changes in behavior, drug/alcohol use, recklessness, isolation, sleeping too much/little, saying goodbye, giving away personal possessions without reason, aggression.
 - Changes in mood, depression, loss of interest, rage, irritability, anxiety.
- Prevention:
 - Reduce stigma.
 - Ask: "Are you thinking about killing yourself?"
 - Separate them from anything they are thinking of using to hurt themselves.
 - Be there and stay with someone in crisis.
 - Connect them to family, friends, and services and follow-up with them.

Trends over time, age, and geography



n=892. Data source: CDC Wonder: <https://goo.gl/G3c3Yz>. ICD10 Codes: X60-X84, Y87.0, and U03.

Baltimore City: Community Statistical Areas (CSAs) with More than 7 Suicide Deaths over the 6-year Period: 2010-2015.

CSAs	Suicide Deaths	6-year Ranked Rate per 1,000 Population out of 55 CSAs
Brooklyn/Curtis Bay/Hawkins Point	16	1
Medfield/Hampden/Woodberry/Remington	15	7
Cedonia/Frankford	14	18
Southwest Baltimore	13	11
Harford/Echodale	11	14
Hamilton	10	9
Morell Park/Violetville	10	3
Orangeville/East Highlandtown	9	6
Lauraville	8	15
North Baltimore/Guilford/Homeland	8	27
Greater Roland Park/Poplar Hill	8	4
Canton	8	5
Inner Harbor/Federal Hill	8	16
Patterson Park North & East	8	21

Note: 6-year-rate is total number of cases, 2010-2015 / total population, 2010. CSAs are groupings of census tracts created for collecting indicator data.

Suicide, Race, and Ethnicity

Suicide rates vary by race and ethnicity. However, people of different races and ethnicities that are suicidal may engage in other forms of risky behavior with the knowledge that it will likely lead to their death. These deaths would not be captured as suicides in health data about suicide. For more information, read about Suicidal Behaviors in the African American Community: <https://goo.gl/w6v1ed>.

Data Sources and References

American Foundation for Suicide Prevention: <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>.

American Association of Suicidology: <http://www.suicidology.org/ncpys/warning-signs-risk-factors>.

CDC Youth Risk Behavior Surveillance (YRBS 2015): <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=MD>.

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Baltimore City Health Department analysis of mortality data provided by the Maryland Department of Health and Mental Hygiene Vital Statistics Administration (DHMH), 2010-2015, and Health Services Cost Review Commission, 2014 (HSCRC).

Prevention Programs

**Crisis, Information, and Referral (CI&R), 24/7 Hotline:
If you are thinking about suicide please call: 410-433-5175**

Maryland Crisis Hotline: 1-800-422-0009

National Suicide Prevention Hotline: 1-800-273-8255

La Red Nacional de Prevención del Suicidio: 1-888-628-9454

Lifeline Crisis Chat:

<http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

School-based mental health and substance use clinicians. The Expanded School Behavioral Health program provides mental health services in 120 Baltimore City Public Schools, offering prevention and treatment activities for children and youth (individuals and groups sessions). For more information call the Student Support and Safety Department: 410-396-0775.

- *Additionally, Substance Use Disorders (SUD) treatment services are offered in 15 City Schools.*

Johns Hopkins Adolescent Depression Awareness Program (ADAP)

http://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/adap/.

The Good Behavior Game: <http://www.blueprintsprograms.com/evaluation-abstract/good-behavior-game>.

More Prevention Resources

#BeThe1To - Suicide prevention toolkit: <http://bit.ly/2bQakud>.

- **Ask:** "Are you thinking about killing yourself?"
- **Keep them safe:** Separate them from anything they are thinking of using to hurt themselves.
- **Be There:** Listen without judgment and with compassion and empathy.
- **Help them connect:** to a support systems such as 1-800-273-TALK (8255), family, friends, clergy, coaches, co-workers, or therapists.
- **Follow-up:** Check-in on a regular basis.

Survivor Outreach

Resources, including peer support, are also available to survivors—those that have lost family, friends, co-workers, and others to suicide (<https://afsp.org/find-support/ive-lost-someone/survivor-outreach-program/>).

Media Guidelines for Reporting

Recommendations have been developed by multi-disciplinary groups of experts to help guide journalists in the reporting of suicide. Careful reporting can reduce the chance of suicide and should also help to encourage people to seek treatment, rather than avoid it (<http://reportingonsuicide.org/>).

Research on Suicide in Baltimore

Identification of At-Risk Youth by Suicide Screening in a Pediatric Emergency Department. Ballard ED, Cwik M, Van Eck K, Goldstein M, Alfes C, Wilson ME, Virden JM, Horowitz LM, Wilcox HC. *Prev Sci*. 2016 Sep 27.

<https://www.ncbi.nlm.nih.gov/pubmed/27678381>.

- Brief screening helps to identify those at-risk.

Trajectories of Suicidal Ideation from Sixth through Tenth Grades in Predicting Suicide Attempts in Young Adulthood in an Urban African American Cohort. Musci RJ, Hart SR, Ballard ED, Newcomer A, Van Eck K, Ialongo N, Wilcox H. *Suicide Life Threat Behav*. 2016 Jun;46(3):255-65.

<https://www.ncbi.nlm.nih.gov/pubmed/26395337>.

- In one sample, suicide risk peaked in the 7th grade.

Suicide and homicide bereavement among African Americans: implications for survivor research and practice. Sharpe TL, Joe S, Taylor KC. *Omega (Westport)*. 2012-2013;66(2):153-72.

<https://www.ncbi.nlm.nih.gov/pubmed/23472323>.

- All people grieve differently and use different coping strategies. This Baltimore-based researcher conducted interviews in Philadelphia.

Disclaimer: Links and phone numbers are up-to-date as of April 17, 2017, but the Health Department does not maintain these resources.