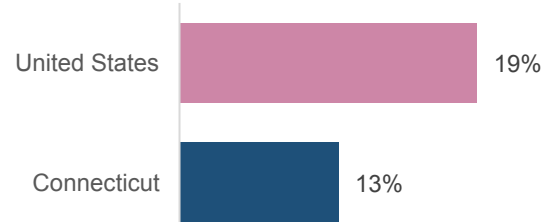




## Suicide in Connecticut

- Suicide is the second leading cause of death for Connecticut teenagers aged [10-24](#)
- In [2020](#), there were 6.8 deaths by suicide for every 100,000 adolescents
- In [2019](#), 6.7% of Connecticut high school students attempted suicide (8.3% females, 5.2% males)
- In [2019](#), 2.5% of Connecticut high school students reported a suicide attempt that required medical attention
- In [2019](#), 12.7% of high schools students in Connecticut reported seriously considering suicide



In the [U.S.](#), **19%** of youth have "seriously" considered suicide, compared to **13%** of Connecticut youth

## Suicide in the U.S.

- Suicide is the second leading cause of death for young people aged [15-19](#)
- Death by suicide has increased by more than 20% since [1999](#)
- Suicide is usually higher among males than females aged 15-24; however, rates among young girls are [increasing](#)

The average rate of hospitalizations for suicide among youth aged 10 to 24 was [11%](#) between 2005 and 2015



## What are the risk factors of suicide in youth?

- Alcohol and/or substance use
- Past suicide attempts
- Traumatic loss
- Impulsive and/or aggressive tendencies
- Easy access to guns and other lethal methods
- Chronic pain and illness
- Lack of social support and isolation
- Significant disappointment or humiliation, such as a breakup, arrest, or dropped from a team

A study of youth in grades 7-12 found that [LGBTQ+](#) youth were more than twice as likely to have attempted suicide as their heterosexual peers



# What can pediatric primary care providers do when speaking to families about suicide?

## With Youth:

- Be direct and open
- Use appropriate language and avoid clinical, vague, or confusing words
- Manage your own reactions; be calm but responsive
- Ask about both suicidal thoughts and previous attempts
- Ask about plans and intent to die
- Ask about coping resources and support

## With Parents:

- Reassure them that asking questions will not give their child ideas
- Validate the parent's discomfort, worry or concern



## Using this data

Rate of hospitalizations and Emergency Department (ED) surveillance data for suicide attempts can provide timely suicidal ideation and self-directed violence [trends](#)

Data can continue to be monitored to examine trends of suicide risk across the state to inform more targeted and quick public health responses



Connecting to Care is a partnership that focuses on coordinating access to quality care through a youth-guided and family-driven approach. To improve behavioral health outcomes for children in Connecticut, Connecting to Care seeks to change the way that the system operates so that all children have the opportunity to thrive.