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# Updates on Youth Suicide Data in Maryland: 2010

## **A COMPREHENSIVE REPORT**

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*Suicide Data 2010*

*Suicide Data 2007-2010*

*Trends of the Past Decade  
2000-2010*

The purpose of this report is to provide updated data on youth suicide in Maryland from 2007-2010 as an extension of last year's 2009 update. For data from 1990-2006, please refer to *Linkages to Life: Maryland's Plan for Youth Suicide Prevention*

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# Definitions, Sources, & Limitations

*The following pages will use some terminology that not all individuals are familiar with, and some terms can have varying definitions; therefore, the terms listed below are to serve as a common language for all readers. Also, the sources for the following information are provided below.*

## ***Definitions***

- **Youth**-Individuals ages 24 years and younger.
- **Crude or Age Specific Rate** – The crude or age-specific rate reports the number of suicide deaths by youth relative to the youth population in Maryland. In this case, an age-specific rate of 5 per 100,000 refers to 5 suicides by youth for every 100,000 individuals between the ages of 10-24 in Maryland.

## ***Sources***

- Number of suicides, method of death, and demographic information: Office of the Chief Medical Examiner
- Crude rates 1999-2006: Center for Disease Control – National Violent Death Reporting System (NVDRS)
- Population: Census 2000 Modified Race data (MR(31)-CO.txt) prepared by the U.S. Census Bureau, August 2008. Prepared by the Maryland Department of Planning, Planning Data Services
- Institute of Medicine. (2002). *Reducing suicide: a national imperative*. Washington D.C.: The National Academies Press.

## ***Limitations***

- Rates based upon 20 or fewer deaths may be unstable and should be used with caution.
- Data comes from one source so it is likely that totals are an underestimate.

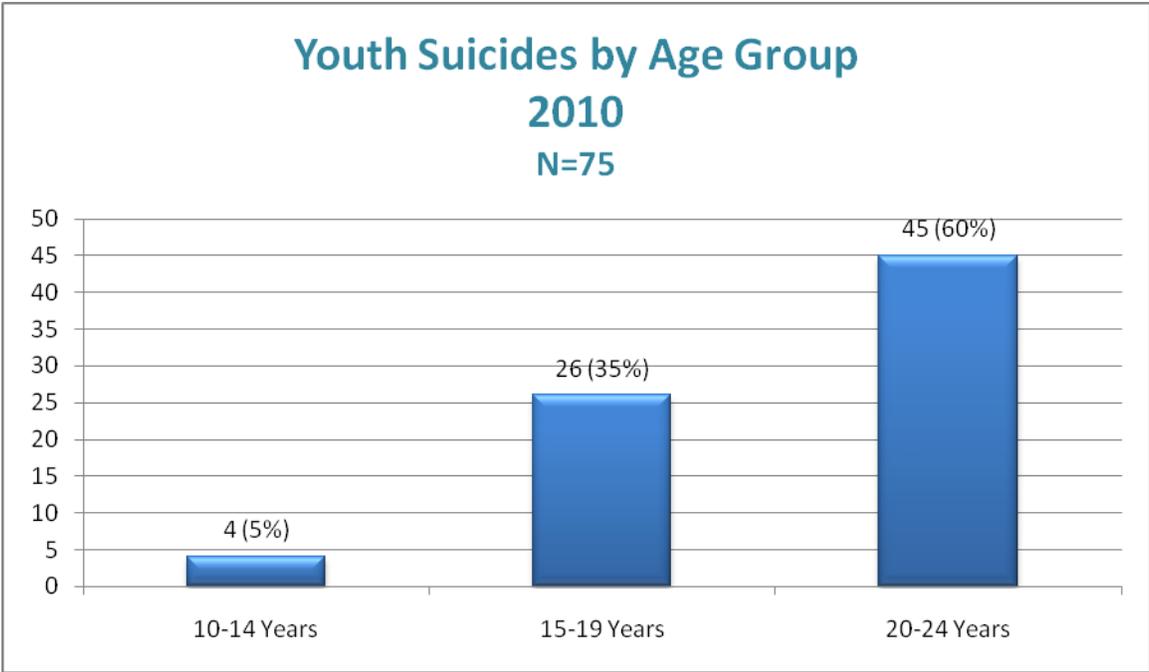


Figure 1: The number of youth deaths from suicide in Maryland in 2010 by age.

The total number of deaths by suicide for the year was 75. This was approximately a 16% decrease from 2009, where Maryland saw the highest total of youth suicides in over 20 years .

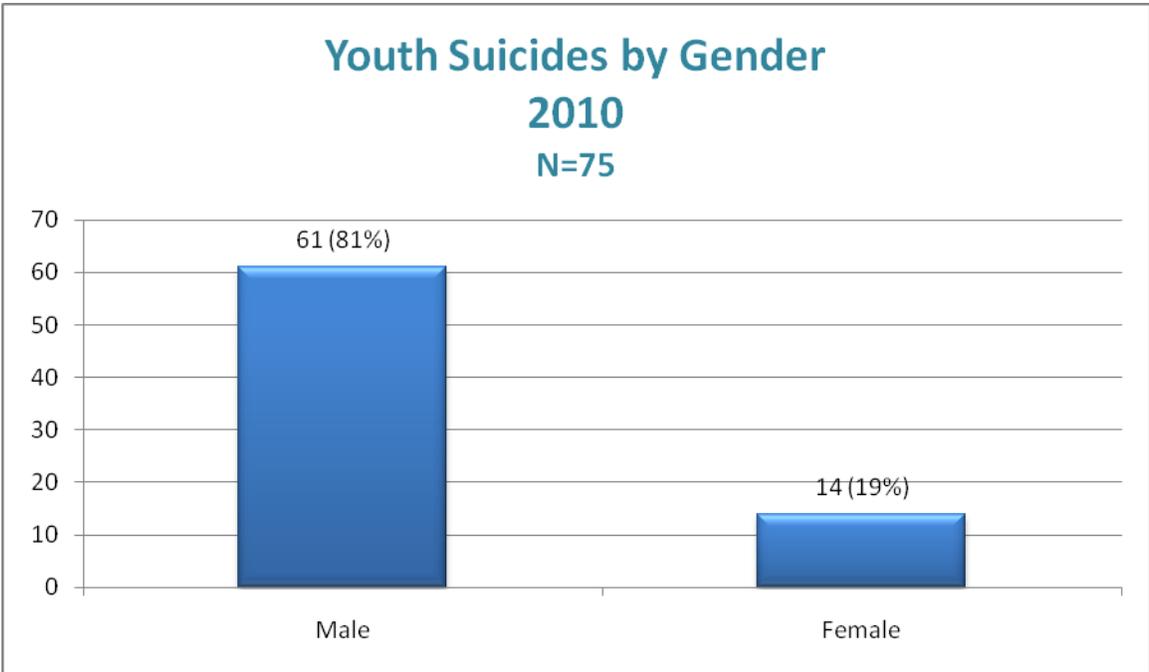


Figure 2: The number of youth deaths from suicide by gender in Maryland by youth in 2010.

Suicide deaths by males outnumber those by females in the United States, although, females are more likely to attempt suicide (Institute of Medicine, 2002, p. 33).

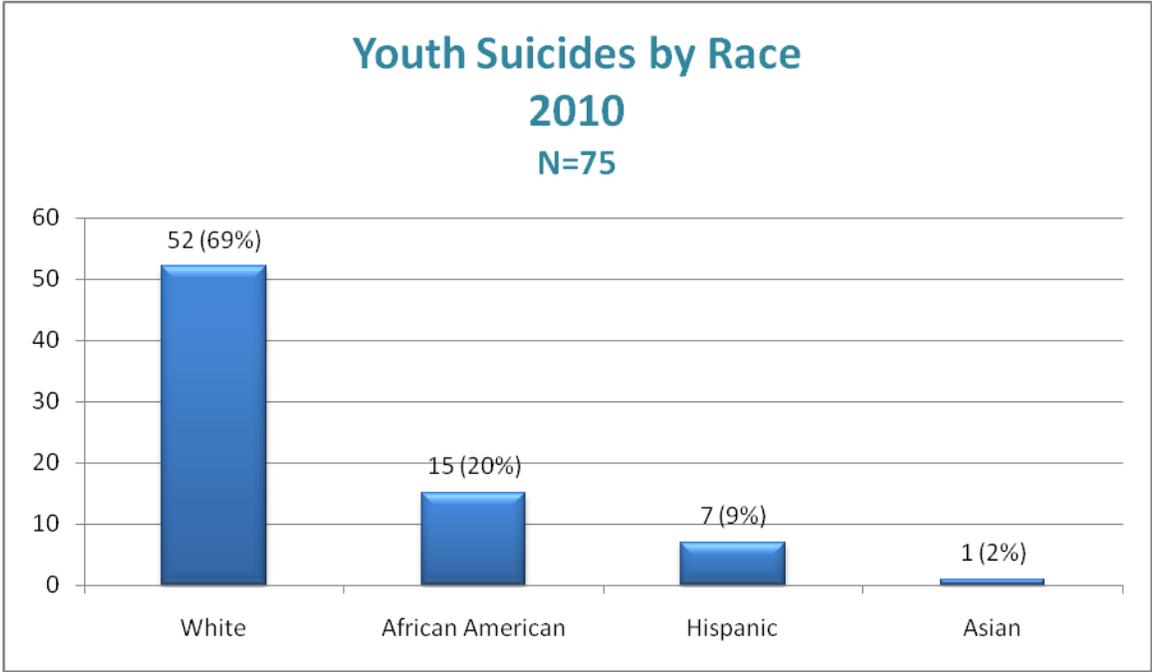


Figure 3: The number of youth deaths from suicide in Maryland in 2010 by race.

The largest number of deaths by suicide were by White or African American youth in 2010.

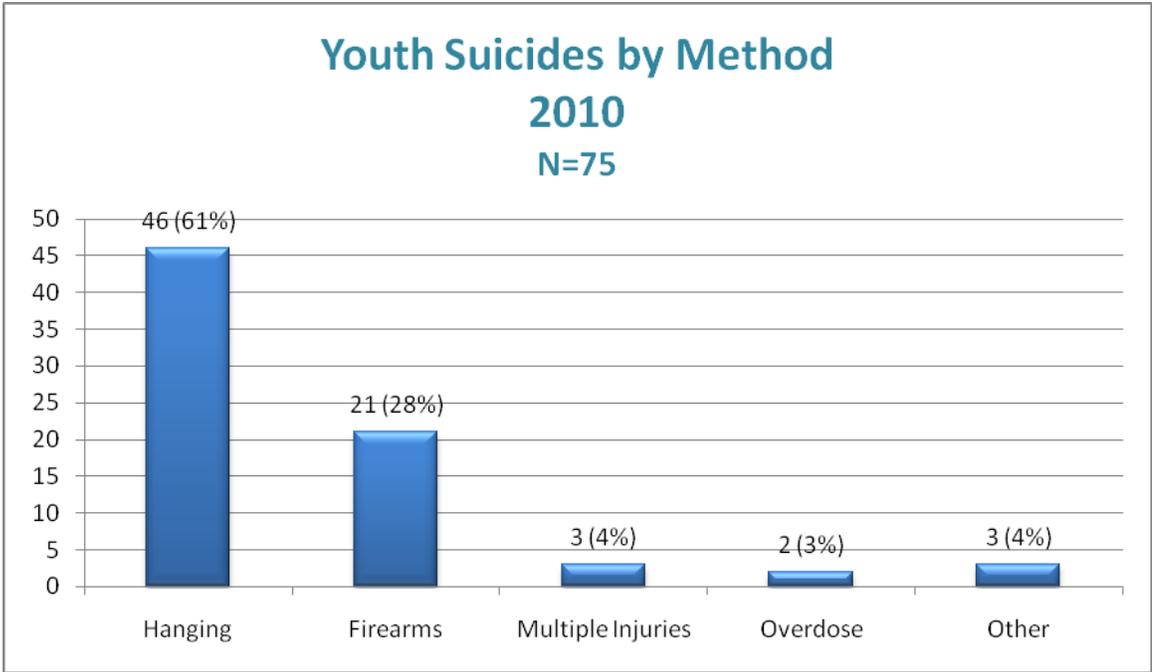


Figure 4: The different methods by which youth died from suicide in Maryland in 2010 (See pg. 9 for more information on the change in the most common method of youth suicide.).

The largest number deaths by suicide among youth were due to hanging/asphyxiations and firearms.

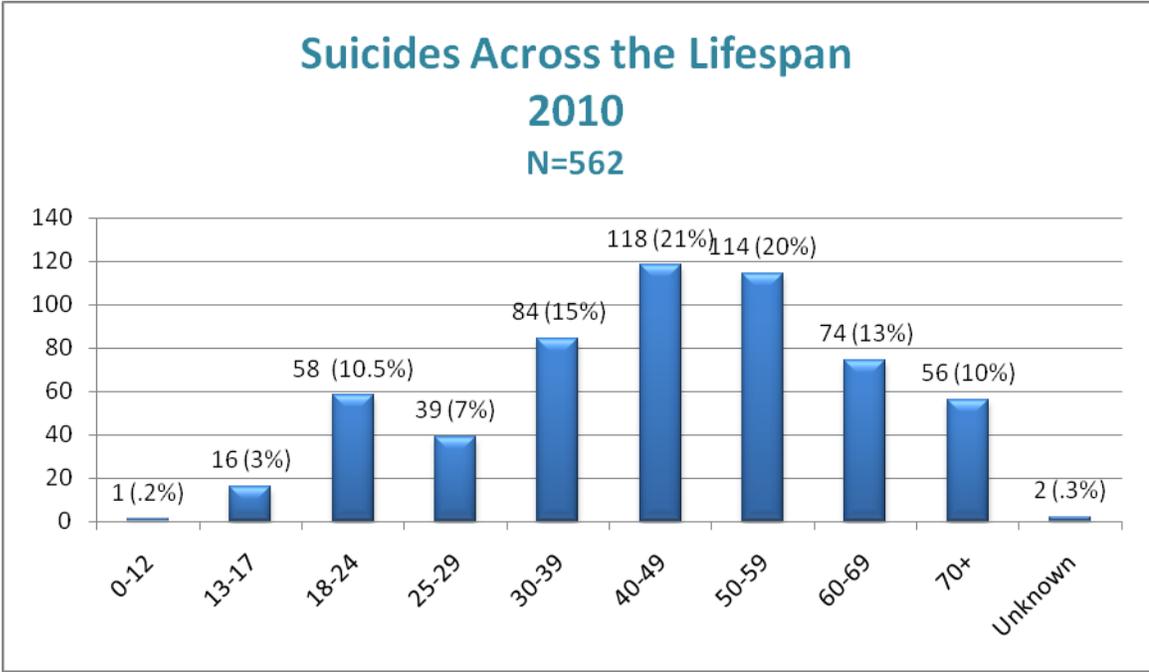


Figure 5: Deaths from suicide by different age groups across the lifespan.

There were 562 suicides in Maryland in 2010. Data also shows that adults are at significant risk for suicide, peaking between 40-59 years old.

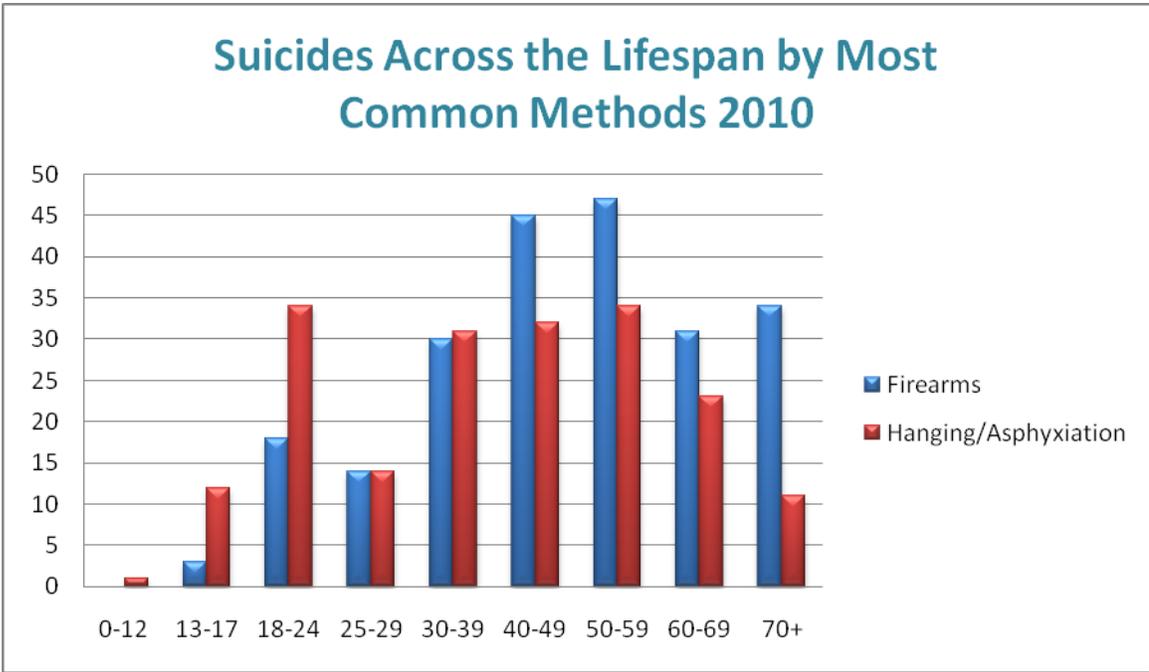


Figure 6: Suicides across the lifespan by most common methods in 2010.

Across the lifespan, suicide deaths from firearms and hanging/asphyxiation account for 70% of deaths in 2010. The most common method of suicide shifts between the two as age increases where hanging/asphyxiation is the most common method in youth 24 and under while adults are more likely to use firearms.

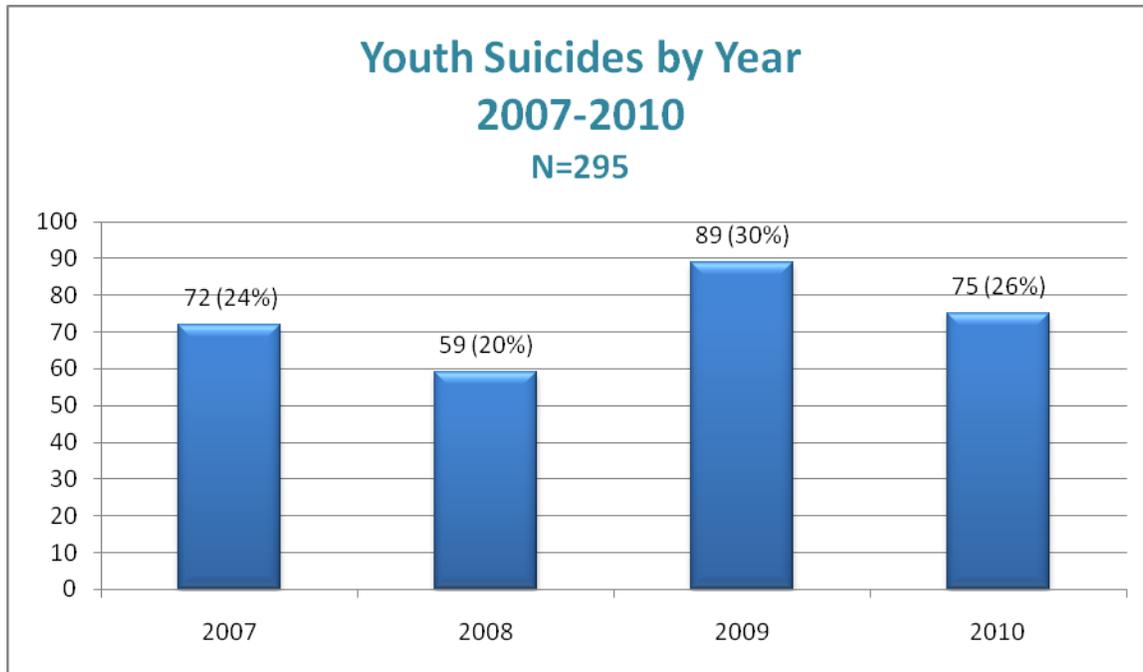


Figure 6: A comparison of the number of suicide deaths by youth between 2007-10.

There were a total of 295 youth suicides over these four years with 2009 having the most suicides in a single year.

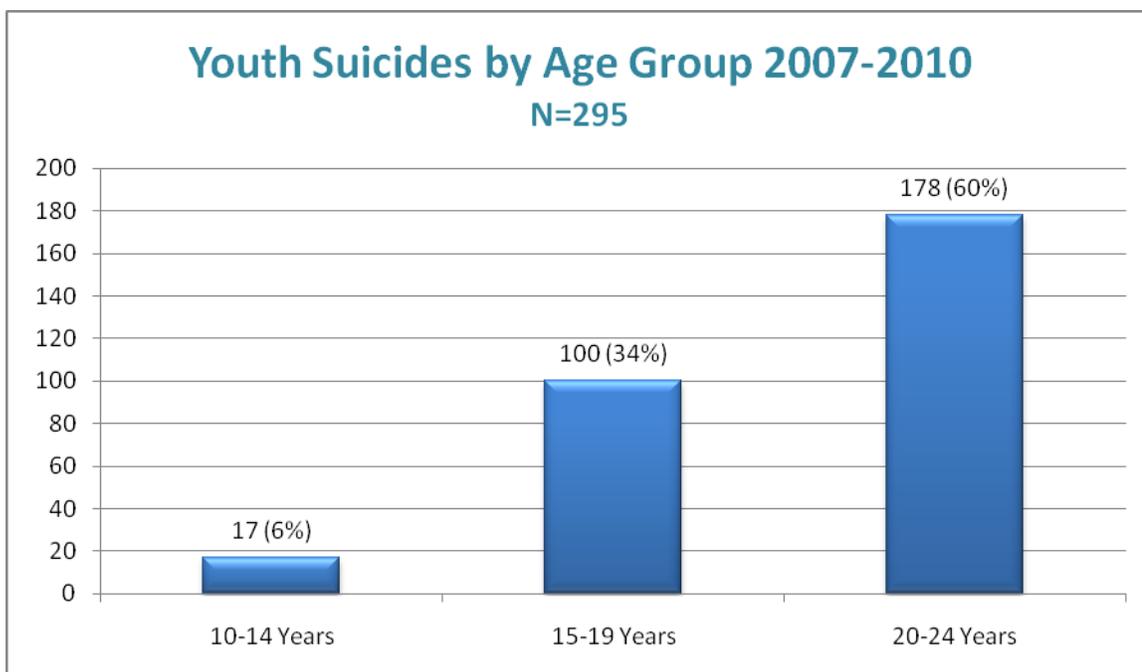


Figure 7: Youth deaths from suicide between 2007-10.

The age group with the most deaths from suicide is 20-24 year olds. Death from suicide is more rare for youth 14 years of age and younger; however, the data have shown an increase in this age group over time.

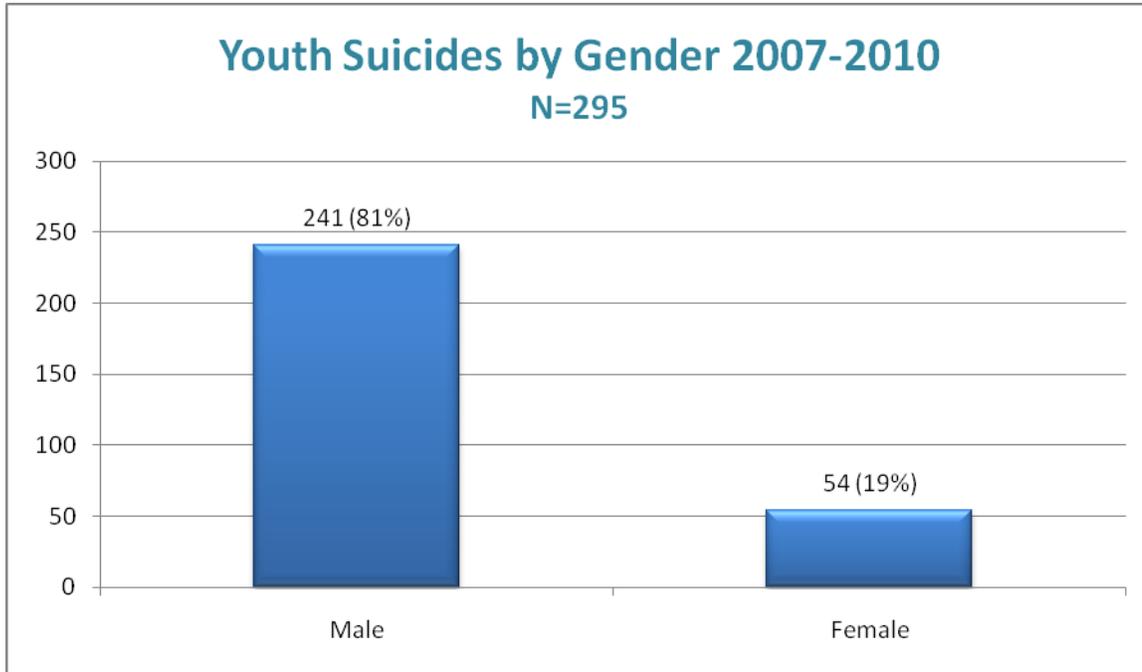


Figure 8: A comparison of youth suicides by gender between 2007-10.

There were a total of 241 suicides by male youth and 54 by female youth from 2007-2010.

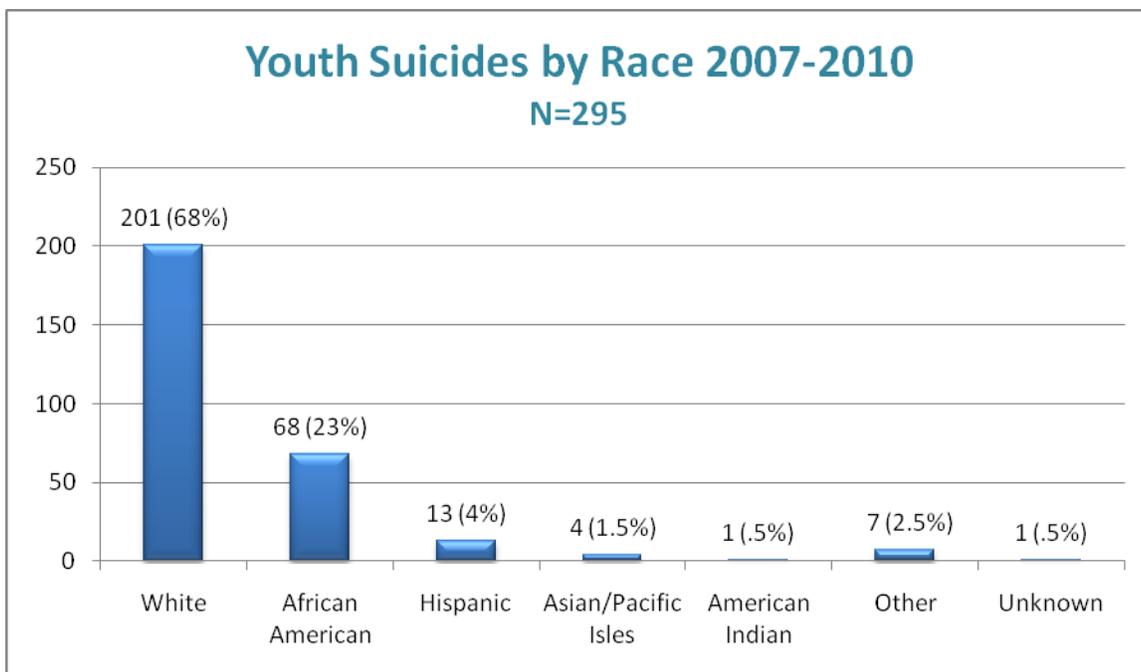


Figure 9: A comparison of youth suicides by race between 2007-10.

A total of 201 White youth died from suicide between 2007-10. A total of 68 African Americans also died from suicide during this span as well. Historically, African Americans have had significantly lower rates than Whites despite a higher incidence of major risk factors (Institute of Medicine, 2002, p. 57).

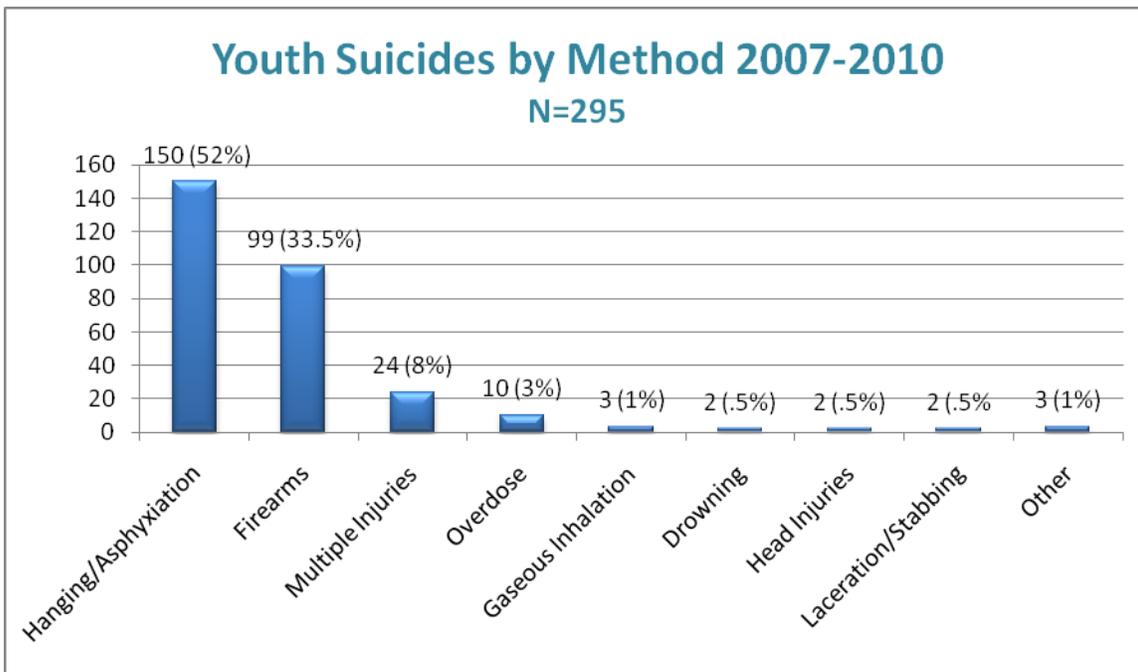


Figure 10: A comparison of suicide methods used by youth between 2007-10.

The most common method was hanging/asphyxiation (150) followed by firearms (99). This pattern holds for each year from 2007-2010.

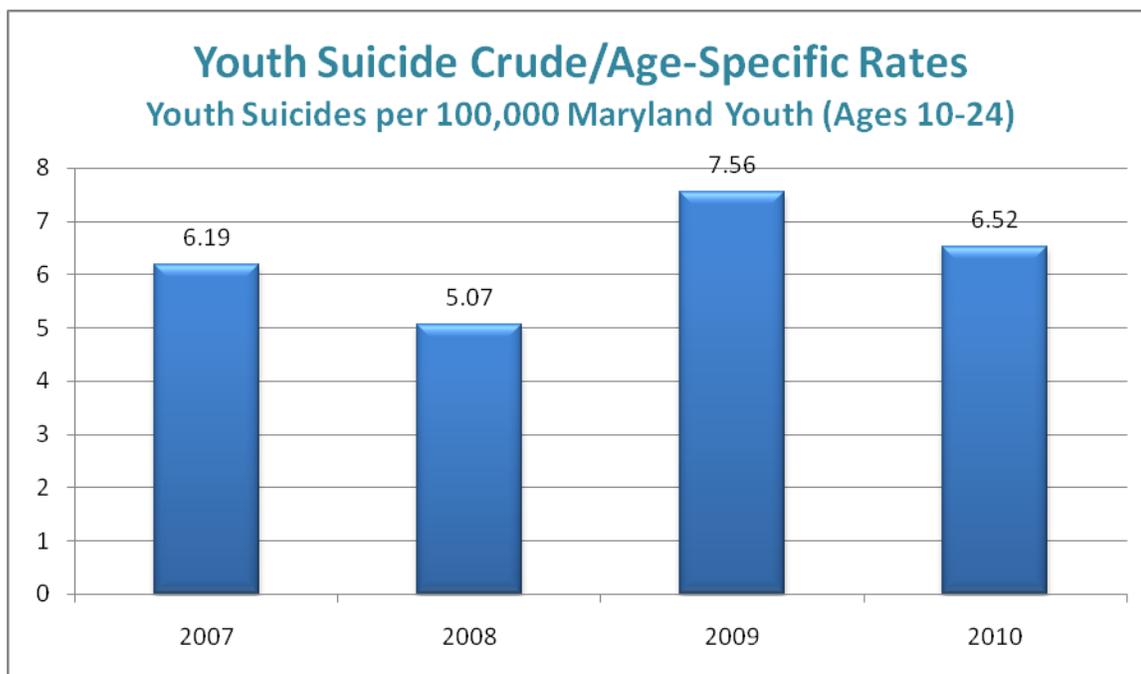


Figure 12: A comparison of the crude/age-specific rates for youth suicides between 2007-10.

Crude/age-specific rates are found by taking the number of youth suicides for a given year and comparing that to the youth population of Maryland. For example, the crude/age-specific rate of 6.19 in 2007 means that there were 6.19 suicides that year for every 100,000 individuals between the ages of 10-24 in Maryland. The most recent national data states the crude rate for this age group in 2008 was 7.3.

## Trends of the Past Decade (2000-2010)

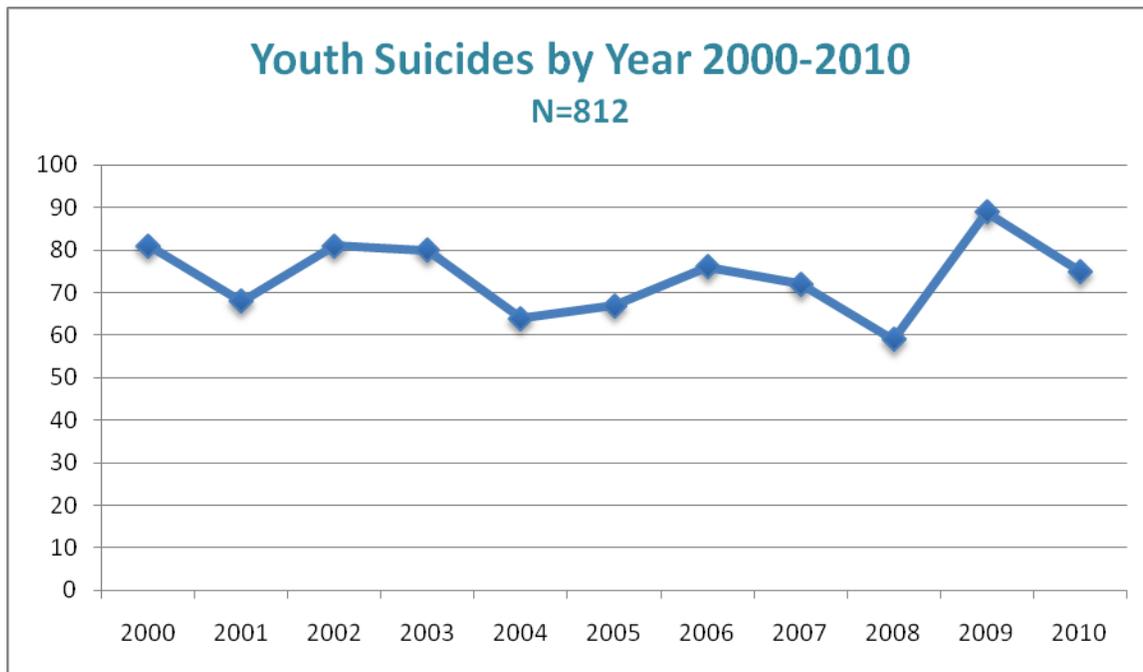


Figure 13: The change in youth suicide deaths in Maryland over the past 10 years.

Although there have been some ebbs and flows, the largest increase appears to be between 2008 and 2009 with a decrease in 2010.

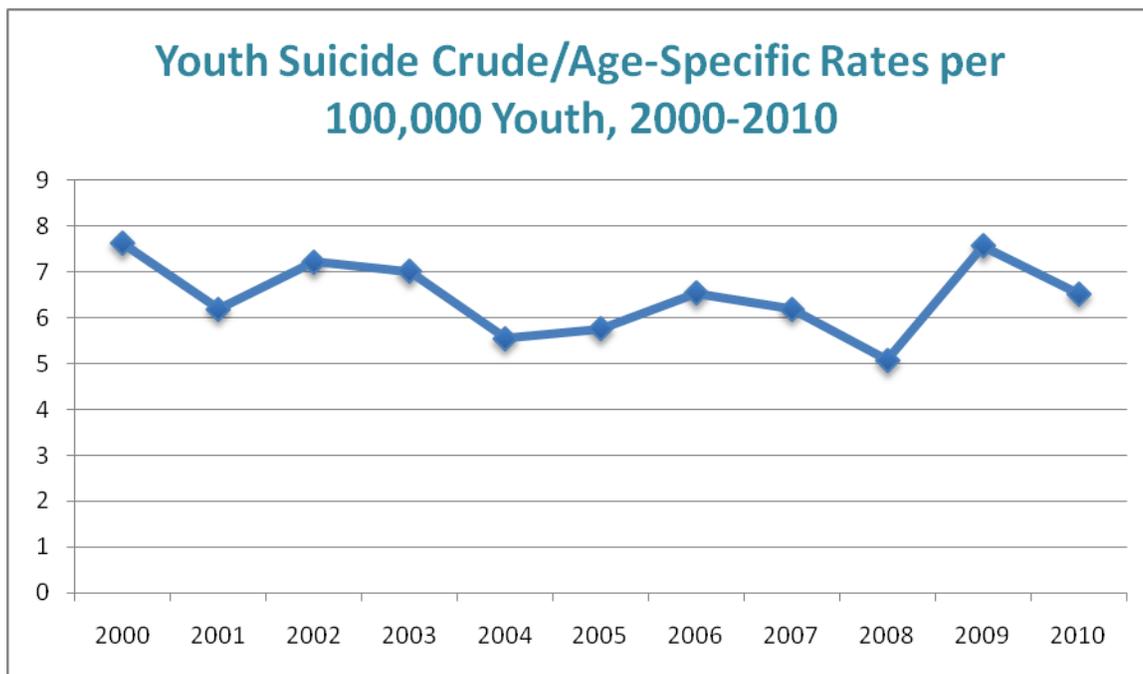


Figure 14: The change in crude/age-specific rates (per 100,000) over the past 10 years.

The change in rates is fairly consistent with the fluctuation of youth suicide deaths. Note: the data from 2000-2006 is from NVDRS and the data from 2007-2010 comes from the Maryland Office of the Chief Medical Examiner.

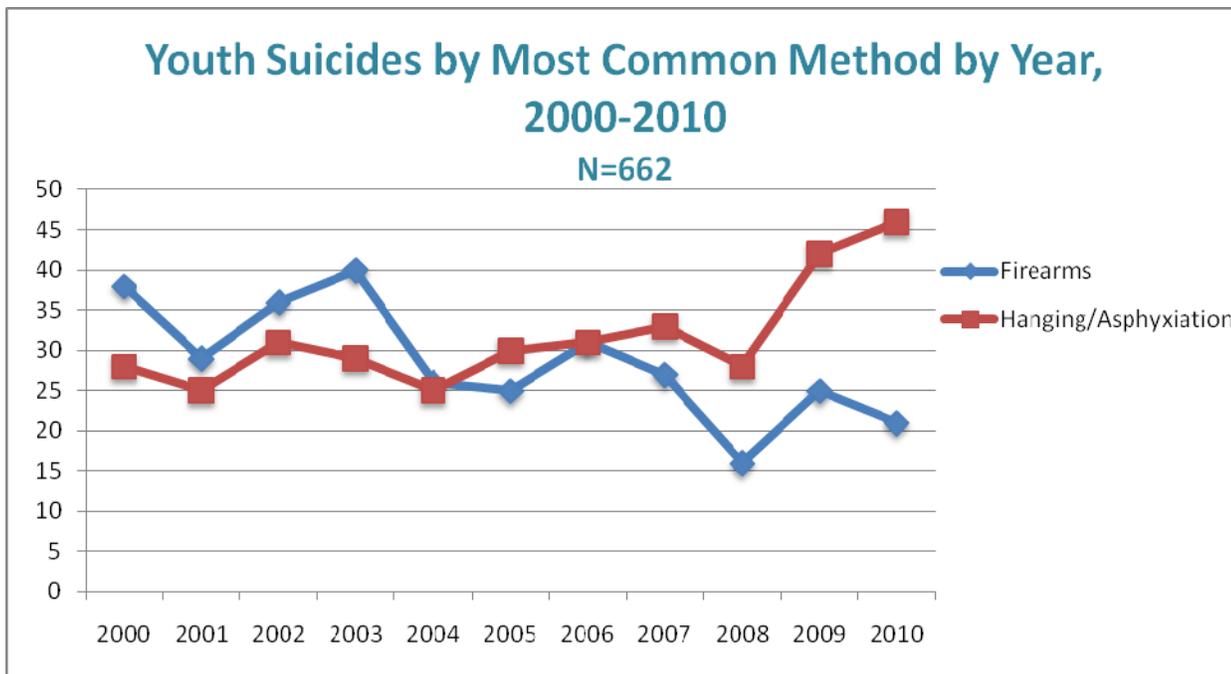


Figure 14: The change in most common suicide methods the past 10 years.

In 2000 there were more youth suicides by means of a firearm than by hanging; however, by 2010 there were 25 more by hanging than firearms. Historically firearms have been the most common method for youth suicides, especially when gun control in the home is absent (Institute of Medicine, 2002, p. 41). Since 2004, this trend appears to have reversed. Stricter gun legislation passed in Maryland in 2003 might have contributed to this change.

**YOUTH SUICIDE DATA  
2007-2010**

This report has been compiled at the Johns Hopkins Medicine Division of Child and Adolescent Psychiatry with assistance from the Mental Hygiene Administration of Maryland and is supported by funds from the Garrett Lee Smith Suicide Prevention Grant.

**FOR DATA SPECIFIC TO  
YOUR COUNTY AND  
OTHER QUERIES, PLEASE  
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**Maryland Youth Crisis Hotline**  
**1-800-422-0009**