Suicide does not discriminate but affects all ages, races and sexes, creating a ripple effect that can devastate families and communities. Suicide is the 11th leading cause of death for Connecticut residents[34], yet it is largely preventable. According to the American Foundation for Suicide Prevention (AFSP), approximately 10 million people seriously consider suicide ("suicidal ideation") each year, with about one-third of those moving on to making a serious plan for an attempt. Just over one-third of those who have a plan do complete suicide. At any stage it is possible to intervene to provide help.

Suicide is tied to mental illness in 90% of cases, although often the mental illness may go unrecognized. Major life triggers such as a significant loss, death of a loved one or postpartum depression can be triggers. Self-harm is often misconstrued as an attempt but is not usually suicidal behavior. Efforts to identify people who are struggling with depression and other behavioral health disorders and connect them to treatment are critical; however, the National Institute of Mental Health reports that up to half of people who are dealing with a mental health disorder go untreated.

Magnitude:

The number of suicides in CT first climbed above 1 per day in 2011 and has increased every year since then except for a drop in 2013.[35] As shown in the adjacent figure, the state suicide rate of 10.01 per 100,000 is still lower than the U.S. rate of 13.42. In Southwest CT (SW CT), the suicide rate by town ranges from 0 to 12 per 100,000, with a regional average of 7 deaths per 100,000 population.

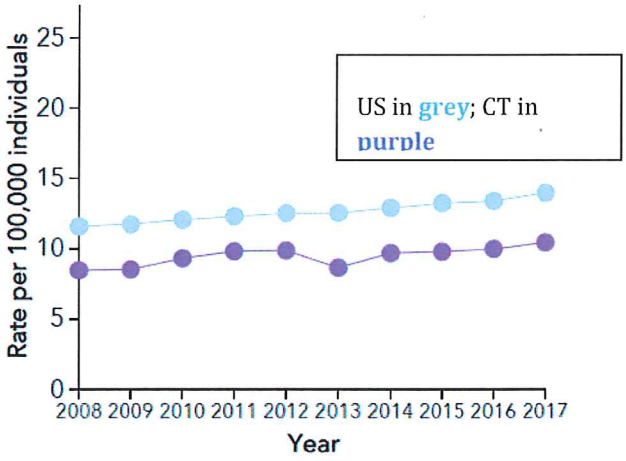

Figure 18: Suicide Rates in the U.S. and CT over Time. (Source: AFSP)

Between 2016 and 2018, there were 157 suicide deaths in SW CT, an average of 52 deaths per year. The average age was 50.5, with suicides ranging from age 16 to 85. Males accounted for 70% of the deaths. By race, the majority were Whites (80%), with 9% Black, 6% "Hispanic, White," and 4% Asian. [36]

Suicidal ideation and attempts in youth are of concern. Statewide, 13.5% of teens seriously considered attempting suicide in the preceding 12 months (16.8% of girls, 10.3% of boys) and 8.1% attempted at least once. More than one in five teens identifying as LGBT made at least one suicide attempt. Black and Hispanic teens attempted suicide more frequently than Whites.[37] The National Institute of Mental Health recently reported that in the month after the release of the Netflix show *13 Reasons Why,* about a teen's suicide, suicide rates among 10 to 17 year olds increased 28.9%. Within SW CT, local youth surveys do not consistently capture suicide-related data. One 2018 survey in a local urban school district found that 16% of 7th graders reported a past-year suicide attempt, with attempts decreasing to 14% of 9th graders and 11% of 11th graders.

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[34] American Foundation for Suicide Prevention 2018 state report, https://afsp.org/about-suicide/state-fact-sheets/#Connecticut

[35] Office of the Chief Medical Examiner (OCME) 2016-2018 suicide deaths

[36] Office of the Chief Medical Examiner (OCME) 2016-2018 suicide deaths

[37] CT Youth Risky Behaviors Survey 2017

Risk Factors & Subpopulations at Risk:

- *Major risk factors for suicide* include: mental health disorders, especially depression; addiction disorders, especially gambling; a prior suicide attempt; and family history of suicide. Access to firearms increases the risk. Up to one third of opioid overdose deaths are thought to be intentional suicides.
- *Populations at high risk,* according to the Centers for Disease Control and Prevention (CDC), include: males (4x higher suicide rate than females); middle-aged individuals; African-American children under age 12; American Indian and Alaskan Natives. LGBTQ individuals are at significantly higher risk.
- While the suicide rate among pre-teens remains lower than the rate among adolescents, it has been rising. Suicide is the second leading cause of death for ages 10-14 nationally.

Burden:

Each completed suicide has a lifelong, traumatic impact on family and close friends. The burden includes:

- "Devastating" effects on an average of 11 people and a ripple effect on approximately 115 individuals who are exposed, according to a University of Kentucky study.
- A contagion effect where one suicide may trigger others, particularly in high-profile cases.
- A 4 times higher risk of dying by suicide for children who lost a parent to suicide, according to the QPR Institute.
- An estimated 6,747 years of potential life lost before age 65 and an average of $1,163,740 in combined lifetime medical and work loss per suicide death in CT, according to AFSP's 2018 report. The estimated total loss for 2010 was $410,800.

Capacity and Service System Strengths:

Hotlines: The national Suicide Prevention Lifeline, 1-800-273-TALK, routes callers to the local mobile crisis line. The state's 2-1-1 Infoline continues to be under-recognized. The national Crisis Text Line, accessed by texting 741741, is more likely to be used by youth or young adults than telephone crisis services, therefore all youth-serving organizations are encouraged to raise awareness of this resource. SW CT also benefits from the Greenwich-based Kids in Crisis, which has a 24/7 hotline for youth as well as emergency shelter beds for ages 0-18. Warmlines include a statewide Young Adult service that operates daily from 12-9pm and the regional Soundview Warmline, staffed by people in recovery from 5-10pm nightly.

Mobile Crisis: Connecticut is currently reorganizing its mobile crisis intervention services, but at present adult mobile crisis is distinct from children's mobile crisis. Adult mobile crisis operates with a limited staff (and no Spanish capacity) during work hours, serving SW CT from Bridgeport. Children's mobile crisis is available 24/7 but is not mobile after 10pm. In the past year, 2-1-1 received 3843 calls for Crisis Intervention and Suicide from SW CT, representing 50.1% of all behavioral health-related calls. Police departments are often called instead of or by mobile crisis. The increase in Crisis Intervention Trained (CIT) officers is cited by families as invaluable.

School Services: Several school districts in the region (Fairfield, Greenwich, Weston) now contract with Effective School Solutions (ESS). ESS provides wraparound services within the school and also supports the family. In addition, 3 middle schools and 5 high schools in the region have embedded "Teen Talk" counselors from Kids In Crisis to provide crisis intervention, counseling, and connections to local clinical supports.

Treatment: Individuals with suicidal ideation are usually sent to hospitals. There is a need for alternative models, such as a peer respite, which provides a safe space for people experiencing a mental health crisis. One relatively new treatment resource is providers who are using ketamine for treatment-resistant depression. Recent research indicates that ketamine can be effective in those experiencing chronic suicidality, although it is not covered by insurance in most cases.

Support Groups: There are 2 support groups in the region for people who have lost someone to suicide: one in Greenwich and one in Westport. Additionally, AFSP holds an annual Survivors of Suicide event each November in Fairfield or Westport. At present, there are no "alternatives to suicide" support groups in the region for people who are personally experiencing recurrent suicidal ideation.

Awareness / Prevention: Prevention efforts in the region include: community mental health screenings during "Wellness Month," providing gatekeeper prevention training (e.g., Question-Persuade-Refer in English and Spanish or safeTALK) as well as ASIST suicide intervention training, raising awareness about local resources, teaching coping skills, and removing barriers to behavioral health treatment. AFSP's annual Out of the Darkness Walk in Westport raises significant funds and awareness and offers support for suicide loss survivors. It is important for community groups to follow safe messaging protocols (download at www.preventsuicidect.org) after a completed suicide to avoid a contagion effect.