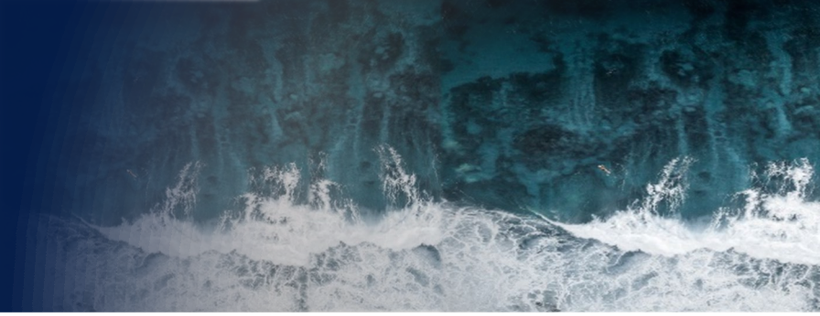
NJ DEPARTMENT OF CHILDREN & FAMILIES

# DCF YOUTH SUICIDE BRIEF

2017 to 2019



## REPORT RECOMMENDATIONS

New Jersey's rate of youth suicide is low when compared to national rates overall. Continued and enhanced support services and data collection are needed to serve the youth of New Jersey more holistically. Every life lost to suicide is a tragedy and the New Jersey Department of Children and Families (DCF) is committed to preventing youth suicide and helping families to be safe, healthy, and connected.

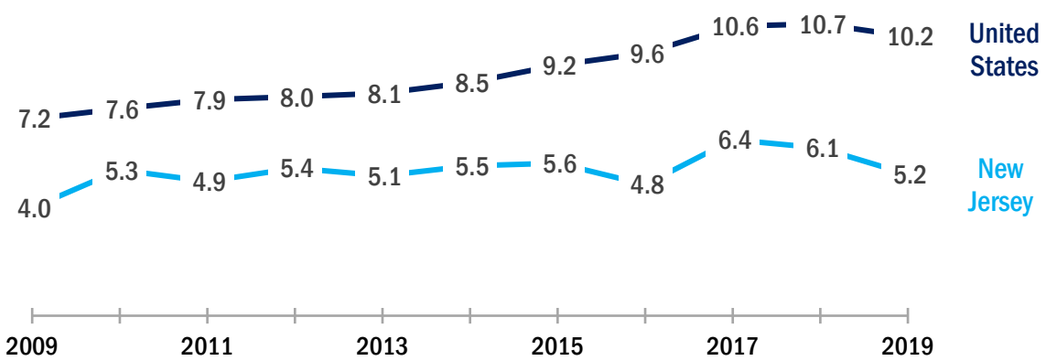
| THEMES | HIGHLIGHTS | RECOMMENDATIONS |
|---|---|---|
| **SUPPORT COMMUNITIES** | ▪ In New Jersey, Black non-Hispanic youth are seen in hospitals and Emergency Departments for suicide attempts and self-inflicted injuries more often than other races.<br>▪ White youth make up the largest number of suicides compared to other races. | ▪ Enhance **data collection** and **analysis** on disparities related to youth suicide and mental health challenges and use a **data-driven approach** to understand unmet needs and effective responses.<br>▪ Promote prevention efforts that identify and address risk & protective factors most relevant to the population served.<br>▪ Consider **local factors** that may impact well-being, utilization of services, and access to care. |
| **CONSIDER COMMON METHODS** | ▪ **Hanging/strangulation/suffocation** is the most common suicide method used by males and females, 10-24 years old.<br>▪ Use of a **firearm** is the second most common method of suicide for males.<br>▪ **Poisoning** is the second most common method of suicide for females. | ▪ Reduce access to lethal means through education and awareness of warning signs and availability of lethal means.<br>▪ Consumer education on **gun safety** and storage may reduce youth access to firearms.<br>▪ Community and caregiver education around **medication** use, storage, and disposal may reduce attempts and deaths by poisoning. |
| **TAILOR PREVENTION** | ▪ Females aged 15 to 19 years old have the **highest** rate of non-fatal suicide attempts and self-inflicted injury.<br>▪ Males aged 19-24 years old are **most likely** to die by suicide. | ▪ **Early prevention**, **education**, and **resiliency building** may reduce suicide attempts and/or deaths later in life.<br>▪ Consider age and **developmental life-stages** when tailoring prevention efforts. |
| **SUPPORT YOUTH MENTAL HEALTH** | ▪ Mental health challenges were the most commonly known circumstances associated with youth suicide in New Jersey. | ▪ Improve suicide **risk assessment** and suicide/mental health education among professionals working with youth.<br>▪ **Increase awareness** of mental health disorders and challenges, and how to access mental health services.<br>▪ **Reduce stigma** associated with seeking help.<br>▪ Create safe, affirming, positive environments and social connections for youth. |

# YOUTH SUICIDE DEMOGRAPHICS

## SUICIDE RATES

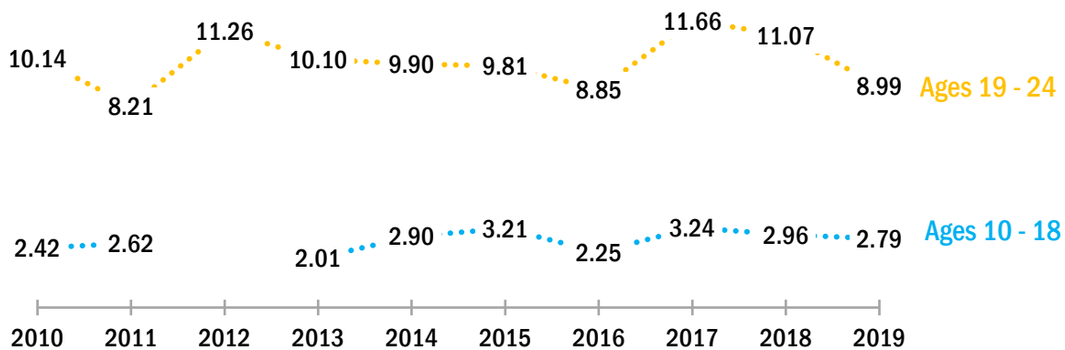
**Over the past 10 years, youth suicide rates have increased.**

National vs. New Jersey Youth Suicide Rates Among 10-24-Year-Olds, 2009-2019; WISQARS data




**Suicide rates among older youth in NJ declined over the past 2 years.**

Youth suicide rates by age group, New Jersey, 2010 - 2019; NJVDRS v.09072022, NJDOH




The data shown in this report are reflective of years 2017 to 2019. Due to the data sets utilized in this report, COVID-19 trends and impacts are not included. Future reports will examine suicide, self-harm, and COVID-19 related impacts that align and are applicable to the annual report's time frames.

In this brief, **suicide** refers to a death caused by self-inflicted injury with the intent to die. The population reviewed was New Jersey resident youth ages 10 to 24 years old.

In 2019, suicide was the tenth leading cause of death in the United States, and fourteenth among all New Jersey residents (NIMH, 2019; NJSHAD, 2019). For New Jersey youth 10 to 24 years of age, suicide was the **third leading cause of death** after unintentional injury and homicide respectively (NJSHAD, 2021).

Between 2017 and 2019, the overall rate of youth suicide (per 100,000 population) was lower in New Jersey (5.9) compared to the Northeast region (7.4) and the US national rate (10.5). Among youth 10 to 24 years old, older youth aged 19 to 24 years made up **61%** of New Jersey suicides at a rate of **10.9** per 100,000, driving the trendline for youth suicides. This proportion is similar to the Northeast Region (60%) but slightly higher compared to the nation (56%).

Suicide rates among older New Jersey male youth were **four times** greater than females in the same age group; rates of suicide in males and females in younger age groups were similar. Furthermore, the proportion of teen female suicides (ages 15 to 19 years old) was higher in New Jersey (34.1%) compared to the Northeast (27.4%) and US (22.5%) (CDC WISQARS, 2019).

## Suicide rates were 2.6 times higher in males than females*.

Youth suicide rates by sex ages 10-24, New Jersey, 2017 - 2019; NJVDRS v.08022022, NJDOH

**Current data collection identifies sex as male and female and does not account for gender identity*


## Youth suicide rates in NJ compared to the Northeast and US by race.

Youth suicide age-adjusted rates by age and race, New Jersey, 2017 - 2019; NJVDRS v.08222022, NJDOH

| Race/Ethnicity | NJ Count of Youth Suicides | NJ Rate of Youth Suicides per 100,000 Youth | Northeast Region Rate of Youth Suicides per 100,000 Youth (source: CDC, National Center for Injury Prevention and Control) | US Rate of Youth Suicides per 100,000 Youth (source: CDC, National Center for Injury Prevention and Control) |
|---|---|---|---|---|
| White non-Hispanic | 165 | 6.5 | 8.2 | 11.9 |
| Black non-Hispanic | 39 | *5.2†* | 6.0 | 7.8 |
| Hispanic | 58 | 4.7 | 4.4 | 7.4 |
| Asian/Pacific Islander | 34 | *7.1†* | 6.2 | 8.1 |
| **Total** | **298** | **6.0** | **7.5** | **10.5** |

*†Rates with upper and lower confidence intervals greater than 30% from the rate estimate may be too volatile to draw conclusions from. In this table, rates for Black non-Hispanic and Asian/Pacific Islander are sensitive to changes in number of suicides and thus may fluctuate. these rates should be used with caution.*

Most New Jersey youth suicides occurred among males (74%) at a rate of **8.6** per 100,000 youth.

The American Foundation for Suicide Prevention (2022) identifies risk factors for suicide related to individual health, environment, and historical factors, such as depression, prolonged stress like harassment or bullying, and history of suicide or abuse. Some populations may be more exposed to certain risk factors. For instance, Black youth experience environmental stressors such as disadvantaged neighborhoods, traumatic loss, racism and discrimination at a disproportionate rate when compared to their White peers (Al-Mateen & Rogers, 2016). Skepticism of mental health care and experiences with abuse, neglect, and poverty also appear to have an association with suicidal behavior in the Black population (Lindsey, Sheftall, Xiao, Joe, 2019). Struggles with gender and sexual orientation, exacerbated by unsupported and disrespectful environments, are also risk factors associated with suicide. Of those who participated in the 2019 National Survey conducted by the Trevor Project on LGBTQ Youth Mental Health, 39% of LGBTQ youth seriously considered attempting suicide in the past twelve months.

A review of three-year rolling averages of rates of youth suicide by race shows that rates among white and Black youth have remained relatively steady in New Jersey from 2010 – 2019 (see Graph 8A in Appendix 2). Although the rates for the Hispanic and Asian/Pacific Islander population may be unstable due to low counts, the increase in the rate of youth suicide by those racial groups raises concern (NJVDRS v.08222022, NJDOH 2010-12 to 2017-19).

## PROTECTIVE FACTORS

- Access to mental health care
- Problem solving and coping skills
- Limited access to lethal means
- Connection to family and community support
- Cultural and religious beliefs that encourage help-seeking behavior & create a strong sense of self
- Resilience
- Knowledge of Adolescent Development for youth and adults
- Concrete Support in Times of Need
- Cognitive and Social-Emotional Competence

American Foundation for Suicide Prevention. (2022, March 30). *Risk factors, protective factors, and warning signs*. American Foundation for Suicide Prevention. Retrieved July 22, 2022, from https://afsp.org/risk-factors-protective-factors-and-warning-signs ; Youth Thrive Protective Promotive Factors. (2018) https://cssp.org/wp-content/uploads/2018/08/youth-thrive-protective-promotive-factors.pdf

# COMMON METHODS & SUBSTANCES

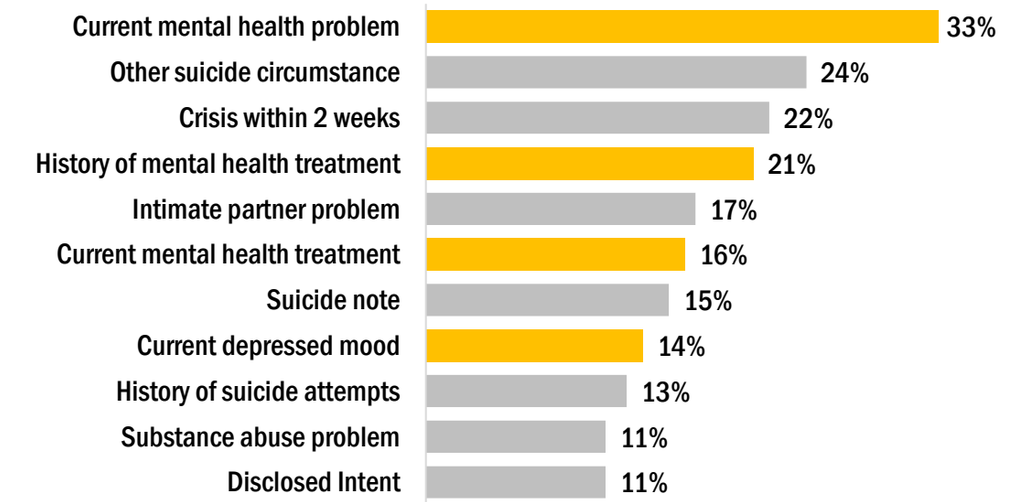
The most common method of suicide was asphyxiation (which includes hanging, strangling, and suffocation) (52%), followed by firearms (17%), which was utilized almost exclusively by males. Poisonings (18% vs. 8%) and falls (13% vs. 8%) were more frequent in female compared to male suicides.

While there has been an increase in unintentional deaths due to the misuse or combination of illicit, prescription, and over-the-counter medications, or other potentially toxic substances in New Jersey, some fatal drug overdoses and poisonings are suicides. In addition to prescribed and over-the-counter medications, 11 youth utilized readily accessible chemicals and gases for suicide. Chemicals used during 2017-2019 included sodium azide, sodium nitrate, and cyanide. Gases included carbon monoxide, nitrous oxide, helium, and unspecified gases or vapors.

Reducing access to lethal means, such as drugs or firearms, may lead an individual to an alternative method which may be less accessible and/or less lethal, and allow time for the suicide crisis to pass (Barber and Miller, 2014). Caregivers, youth-serving professionals, and youth/youth adults may benefit from education of warning signs and the availability of lethal means to reduce risk of suicide.

**Mental health challenges were the most frequently reported characteristics associated with youth who died by suicide in New Jersey.**

Top 11 youth suicide associated characteristics, New Jersey, 2017 - 2019; NJVDRS v.08222022, NJDOH




Suicide is a complex issue with multiple factors contributing to risk. Seventy percent of all youth that died by suicide from 2017 – 2019 were facing known challenges at the time of their death, including previous suicide attempts, mental health issues, problems at school, violent experiences, and/or substance use problems. In 15% of suicides that occurred during this timeframe, suicide notes were reported, and 11% of youth who died by suicide disclosed their intent to another person before acting.

# YOUTH SUICIDE ATTEMPTS

## Suicide Attempts & Self-Inflicted Injuries

A **suicide attempt** is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.

The CDC's 2019 national Youth Risk Behavior Survey found that suicide attempts from 2009 – 2019 have increased overall among female, non-Hispanic White, non-Hispanic Black, and 12th-grade students. In 2019, among students aged 10 – 24 years who have attempted suicide, prevalence estimates were highest among females; Black non-Hispanic students; students who reported having sex with persons of the same sex or with both sexes; and students who identified as lesbian, gay, or bisexual (Ivey-Stephenson, et al., 2019).

In this report, "suicide attempt" includes records of suicide attempts or self-inflicted injuries as defined by the International Classification of Diseases, 10th Revision (ICD-10-CM) that are treated in New Jersey hospitals, either treated and released in the Emergency Department or discharged from the hospital after inpatient care for treatment of the injury.

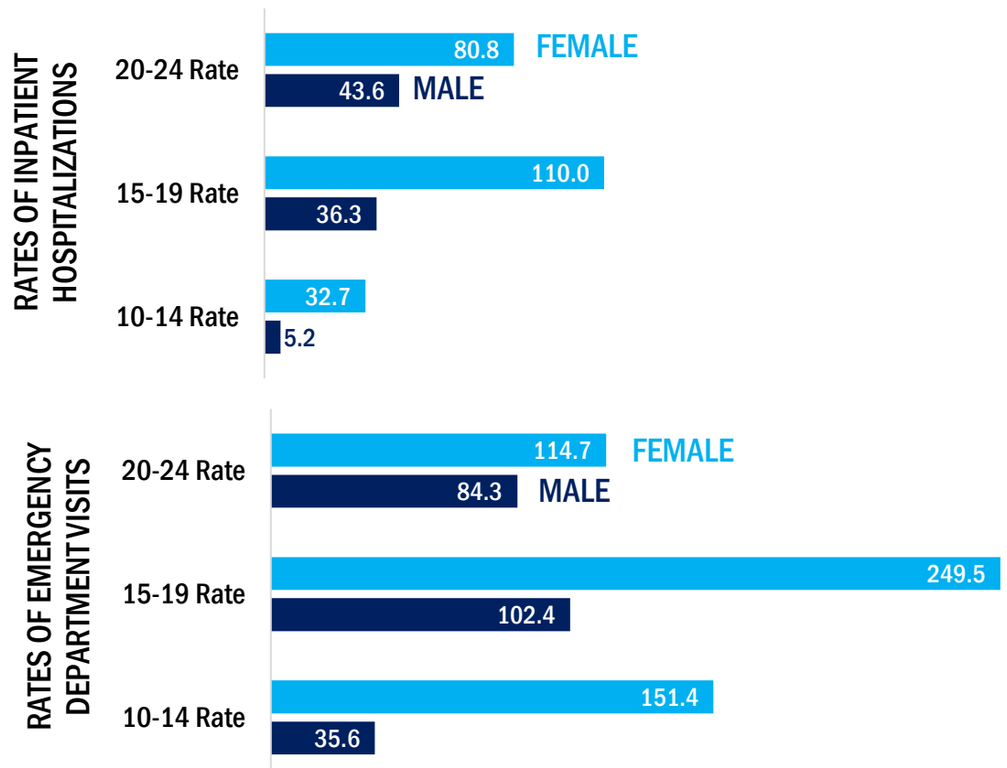
### The cost of treating physical injuries from youth suicide attempts in NJ hospitals was over $167 million from 2017-2019.

Per visit and total costs for hospitalizations and ED visits for non-fatal suicide attempts/self-inflicted injuries in NJ, 2017-2019; NJVDRS New Jersey Hospital Discharge Data Collection System, NJDOH

| | Total Treatment Cost |
|---|---|
| **Males Ages 10-24**<br>TOTAL VISITS: 2,604 | $56,795,933 |
| **Females Ages 10-24**<br>TOTAL VISITS: 6,012 | $110,646,111 |

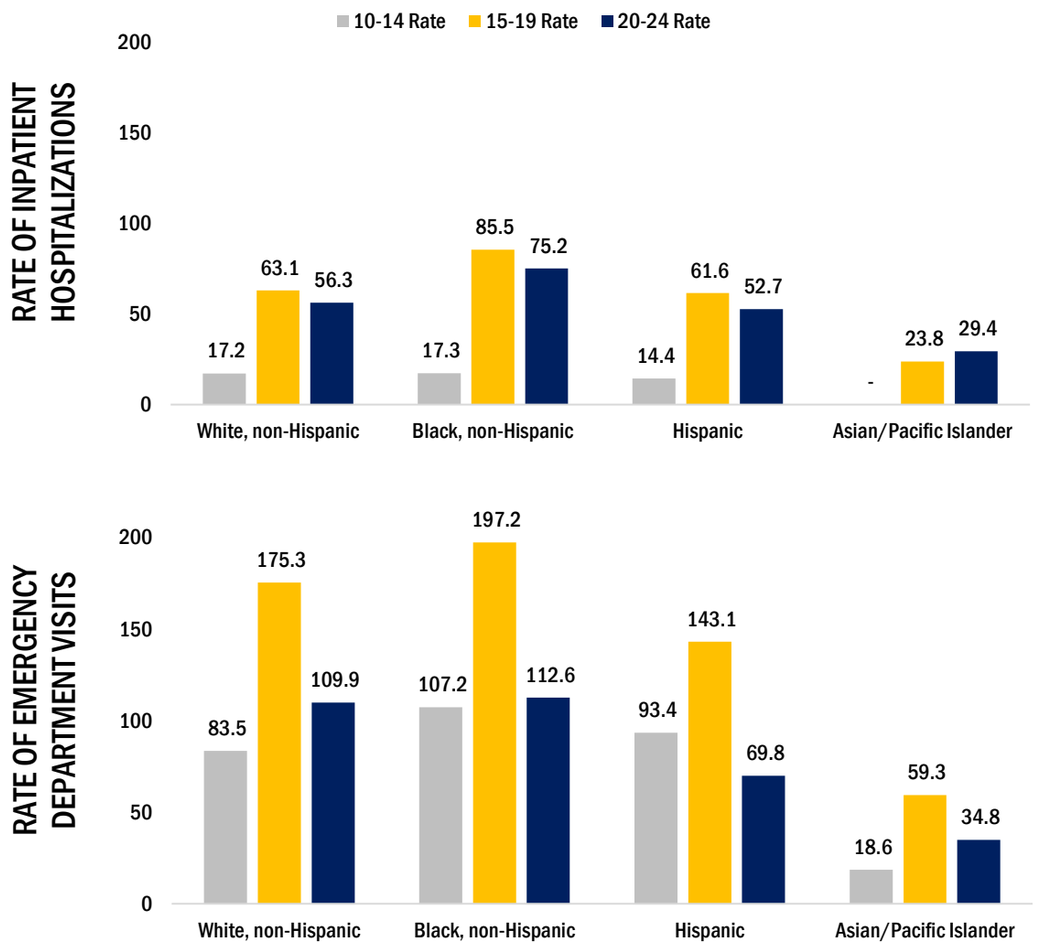
### Youth Suicide Attempts treated inpatient or in Emergency Departments were highest among female teens ages 15-19.

Rates of suicide attempts resulting in hospitalizations or treatment in emergency departments by age group and sex in NJ per 100,000 age-specific population, 2017-2019; NJVDRS New Jersey Hospital Discharge Data Collection System, NJDOH



## Youth Suicide Attempts treated inpatient were highest among Black youth across all age groups

Suicide attempts resulting in hospitalizations or treatment in emergency departments by age group and race in NJ per 100,000 age-specific population, 2017-2019; NJVDRS New Jersey Hospital Discharge Data Collection System, NJDOH




In New Jersey, female youth and Black non-Hispanic youth are seen in the Emergency Department and inpatient hospitalizations for suicide attempt-related injuries more often than any other gender or race. Data from the national Youth Risk Behavior Survey indicates an increase in suicide attempts among Black high school students from 1991 to 2017. (Lindsey, Sheftall, Xiao, Joe, 2019).

The US Department of Health and Human Services, African American Youth Suicide: Report to Congress, looked at risk factors for Black youth compared to white youth. The report states White youth have higher rates of suicidal ideations than Black youth; however, Black youth show a higher suicide attempt rate compared to White youth (U.S. Department of Health & Human Services, 2020).

New Jersey will continue to support communities and youth mental health, consider common methods, and tailor prevention to keep children and families safe, healthy, and connected.

New Jersey has a variety of resources that can support youth including, but not limited to, services accessible through the New Jersey Department of Children and Families' Children's System of Care, the 2NDFLOOR Youth Helpline, and the Traumatic Loss Coalition, as well as the national 988 suicide and crisis lifeline.

**For more information about this report, please email: DCF-Suicide.Prevention@dcf.nj.gov**

# SUICIDE RESOURCES IN NEW JERSEY

| RESOURCE | DESCRIPTION | CONTACT |
|---|---|---|
| **New Jersey Suicide Prevention Hopeline** | The Hopeline is New Jersey's dedicated in-state peer support and suicide prevention hotline staffed by mental health professionals and peer support specialists 24 hours a day, seven days a week. The service is available to callers of all ages for confidential telephone support (except when a suicide attempt is in progress), assessment, and referral. | www.njhopeline.com<br>Call: **1-855-654-6735**<br>Text: njhopeline@ubhc.rutgers.edu. |
| **988 Suicide & Crisis Lifeline** | The Lifeline is a 24/7, free and confidential support number for people in suicidal crisis or emotional distress. | 988 Suicide & Crisis Lifeline \| SAMHSA<br>Call or Text 24/7 **988** |
| **Screening and Screening Outreach Programs** | Available in each county 24-hours a day, seven-days a week to individuals in emotional crisis needing immediate attention. An individual may be seen without an appointment or be brought to the screening center by a parent, friend, spouse, law enforcement official, mental health worker or any other concerned individual. | www.state.nj.us/humanservices/divisions/dmhas |
| **CSOC** | DCF's Division of Children's System of Care (CSOC) provides information and treatment referral support to families in crisis. For more information, visit: https://www.nj.gov/dcf/families/csc/. | Perform Care and Mobile Response:<br>**1-877-652-2764** |
| **2NDFLOOR Youth Helpline** | Accredited by the American Association of Suicidology, 2NDFLOOR serves youth and young adults through anonymous hotline, text, and message board. Youth who call are assisted with their daily life challenges by professional staff and trained volunteers. | www.2ndfloor.org<br>Call or Text 24/7 at **1-888-222-2228** |
| **Trevor Project** | The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13 to 24. | www.thetrevorproject.org |
| **Crisis Text line** | Crisis Text Line is a free, 24/7 support for people of all ages in crisis. | Text "NJ" to **741741** from anywhere in the US to connect with a trained Crisis Counselor. |
| **Traumatic Loss Coalition** | TLC offers collaboration opportunities and support to professionals working with school-age youth via education, training, consultation and coalition building to:<br>• reduce suicide attempts, suicide completions, and to promote recovery of persons affected by suicide and<br>• provide guidance and support in response to a traumatic event | http://ubhc.rutgers.edu/tlc/index.html |
| **New Jersey Youth Suicide Prevention Advisory Council** | The Council's purpose is to: examine existing needs and services and to make recommendations for youth suicide reporting, prevention and intervention; advise on the content of informational materials to be made available to people who report attempted or completed suicides, and; advise in the development of regulations | CSOC.Director@dcf.nj.gov |
| **Pediatric Psychiatric Collaborative** | The PPC builds capacity and comfort for pediatric primary care providers to screen, identify, and provide care management related to mental/behavioral health care for their patients, as well as psychiatric evaluation, consultation, and linkage for services | https://njaap.org/mental-health-ppcwelcome/ |
| **Anonymous Youth Suicide Event Reporting** | Under NJ Statute 30:9A-24 any teacher, school staff member, mental health provider, or a professional person working with youth, who obtain information through their employment to have suspicion or reasonable cause that a youth has attempted or died by suicide is to report that non-identifying information into the event form. | https://www.nj.gov/dcf/adolescent/prevention/suicidereportingform.html |

# APPENDIX

## Appendix 1. References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## Appendix 2: Data Tables

### TABLE 1. WISQARS SUICIDE RATE, UNITED STATES AND NEW JERSEY, AGES 10-18 AND 19-24 YEARS, 1999-2019

| YEAR | United States Age Groups | | | | | | New Jersey Age Groups | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 10-18 | | 19-24 | | Total | | 10-18 | | 19-24 | | Total | |
| | N | Rate | N | Rate | N | Rate | N | Rate | N | Rate | N | Rate |
| 1999 | 1,413 | 3.9 | 2,730 | 12.0 | 4,143 | 7.0 | 15 | ** | 48 | 8.4 | 63 | 4.0 |
| 2000 | 1,486 | 4.0 | 2,808 | 12.1 | 4,294 | 7.2 | 27 | 2.6 | 38 | 6.6 | 65 | 4.1 |
| 2001 | 1,393 | 3.8 | 2,850 | 11.9 | 4,243 | 6.9 | 13 | ** | 52 | 8.9 | 65 | 4.0 |
| 2002 | 1,327 | 3.5 | 2,943 | 12.1 | 4,270 | 6.9 | 14 | ** | 39 | 6.6 | 53 | 3.2 |
| 2003 | 1,279 | 3.4 | 2,953 | 12.0 | 4,232 | 6.7 | 17 | ** | 48 | 8.0 | 65 | 3.9 |
| 2004 | 1,469 | 3.8 | 3,130 | 12.5 | 4,599 | 7.3 | 32 | 2.9 | 52 | 8.6 | 84 | 4.9 |
| 2005 | 1,406 | 3.7 | 3,076 | 12.2 | 4,482 | 7.0 | 20 | 1.8 | 55 | 9.0 | 75 | 4.4 |
| 2006 | 1,293 | 3.4 | 3,112 | 12.3 | 4,405 | 6.9 | 18 | ** | 47 | 7.6 | 65 | 3.8 |
| 2007 | 1,227 | 3.2 | 3,093 | 12.2 | 4,320 | 6.8 | 20 | 1.8 | 57 | 9.2 | 77 | 4.5 |
| 2008 | 1,337 | 3.5 | 3,176 | 12.4 | 4,513 | 7.0 | 20 | 1.8 | 46 | 7.3 | 66 | 3.8 |
| 2009 | 1,461 | 3.8 | 3,169 | 12.2 | 4,630 | 7.2 | 22 | 2.0 | 46 | 7.2 | 68 | 4.0 |
| 2010 | 1,449 | 3.8 | 3,418 | 13.1 | 4,867 | 7.6 | 27 | 2.5 | 65 | 10.0 | 92 | 5.3 |
| 2011 | 1,563 | 4.1 | 3,541 | 13.3 | 5,104 | 7.9 | 27 | 2.5 | 58 | 8.8 | 85 | 4.9 |
| 2012 | 1,585 | 4.2 | 3,593 | 13.3 | 5,178 | 8.0 | 20 | 1.9 | 73 | 10.9 | 93 | 5.4 |
| 2013 | 1,636 | 4.4 | 3,628 | 13.3 | 5,264 | 8.1 | 21 | 2.0 | 67 | 9.9 | 88 | 5.1 |
| 2014 | 1,783 | 4.8 | 3,732 | 13.7 | 5,515 | 8.5 | 30 | 2.9 | 64 | 9.4 | 94 | 5.4 |
| 2015 | 1,867 | 5.0 | 4,033 | 15.0 | 5,900 | 9.2 | 31 | 3.0 | 64 | 9.4 | 95 | 5.5 |
| 2016 | 2,016 | 5.4 | 4,143 | 15.6 | 6,159 | 9.6 | 23 | 2.2 | 58 | 8.6 | 81 | 4.8 |
| 2017 | 2,332 | 6.2 | 4,437 | 16.8 | 6,769 | 10.6 | 31 | 3.0 | 77 | 11.4 | 108 | 6.3 |
| 2018 | 2,379 | 6.3 | 4,428 | 16.9 | 6,807 | 10.7 | 30 | 3.0 | 72 | 11.0 | 102 | 6.1 |
| 2019 | 2,144 | 5.7 | 4,344 | 16.7 | 6,488 | 10.2 | 28 | 2.8 | 57 | 8.9 | 85 | 5.2 |

WISQARS, CDC (AUGUST 2021). Prepared by the New Jersey Violent Death Reporting System, Center for Health Statistics, NJDOH
Rates are per 100,000 age-specific population. 1999 to 2016 are coded with ICD-10 (X64-X84, Y87.0, U03).

**TABLE 2. NJVDRS SUICIDE RATE, NEW JERSEY, AGES 10-18 AND 19-24 YEARS, 2010-2019**

| YEAR | Age Groups | | | | | |
|---|---|---|---|---|---|---|
| | 10-18 | | 19-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate |
| 2010 | 26 | 2.4 | 66 | 10.1 | 92 | 5.3 |
| 2011 | 28 | 2.6 | 54 | 8.2 | 82 | 4.8 |
| 2012 | 19 | ** | 75 | 11.3 | 94 | 5.5 |
| 2013 | 21 | 2.0 | 68 | 10.1 | 89 | 5.2 |
| 2014 | 30 | 2.9 | 67 | 9.9 | 97 | 5.7 |
| 2015 | 33 | 3.2 | 66 | 9.8 | 99 | 5.8 |
| 2016 | 23 | 2.3 | 59 | 8.9 | 82 | 4.9 |
| 2017 | 33 | 3.2 | 77 | 11.7 | 110 | 6.6 |
| 2018 | 30 | 3.0 | 72 | 11.1 | 102 | 6.1 |
| 2019 | 28 | 2.8 | 58 | 9.0 | 86 | 5.2 |

New Jersey Violent Death Reporting System (NJVDRS) v. 08222022, Center for Health Statistics, NJDOH
Rates are per 100,000 age-specific population.
**rate not calculated due to fewer than 20 observations

**TABLE 3. SUICIDES BY AGE GROUP AND SEX, NEW JERSEY, 2017-2019**

| SEX | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| MALE | 13 | ** | 62 | 7.2 [5.4-9.1] | 145 | 17.3 [14.5-20.1] | 220 | 8.6 [7.5-9.8] |
| FEMALE | 11 | ** | 32 | *3.9† [2.6-5.3]* | 35 | *4.3† [2.9-5.8]* | 78 | 3.2 [2.5-3.9] |
| **TOTAL** | **24** | *1.4† [0.9-2.0]* | **94** | **5.6 [4.5-6.8]** | **180** | **10.9 [9.3-12.5]** | **298** | **6.0 [5.3-6.7]** |

New Jersey Violent Death Reporting System v. *08222022*, Center for Health Statistics, NJDOH.
Rates are per 100,000 age-specific population. If the range of upper and lower confidence intervals (indicated by the brackets) are greater than 30% from the rate estimate, rate(s) may be too volatile to draw conclusions.
† Error estimate rate is greater than 30%
**Rate not calculated due to fewer than 20 observations

**TABLE 4. SUICIDES BY SEX AND METHOD/WEAPON USED, AGES 10 - 24, NEW JERSEY, 2017-2019**

| METHOD/WEAPON | Sex of Youth | | | | | |
|---|---|---|---|---|---|---|
| | Male | | Female | | All Youth | |
| | N | % | N | % | N | % |
| **ASPHYXIATION** *(INCLUDES HANGING, STRANGLING, SUFFOCATION)* | 113 | 51.4% | 44 | 56.4% | 157 | 52.7% |
| **FIREARM** | 50 | 22.7% | 1 | 1.3% | 51 | 17.1% |
| **POISONING** | 18 | 8.2% | 15 | 19.2% | 33 | 11.1% |
| **FALL** | 19 | 8.6% | 5 | 6.4% | 24 | 8.1% |
| **TRANSPORT** *(INCLUDES MOTOR VEHICLE, TRAIN)* | 9 | 4.1% | 7 | 9.0% | 16 | 5.4% |
| **OTHER** *(INCLUDES SHARP INSTRUMENT, DROWNING, FIRE OR BURN)* | 7 | 3.2% | 5 | 6.4% | 12 | 4.0% |
| **UNKNOWN WEAPON** | 4 | 1.8% | 1 | 1.3% | 5 | 1.7% |

New Jersey Violent Death Reporting System v. 08222022, Center for Health Statistics, NJDOH.

**TABLE 5. NON-FATAL SUICIDE ATTEMPTS/SELF-INFLICTED INJURIES RESULTING IN HOSPITALIZATION, BY AGE GROUP AND SEX, NEW JERSEY, 2017-2019**

| SEX OF YOUTH | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| MALE | 44 | 5.2 | 311 | 36.3 | 365 | 43.6 | 720 | 28.3 |
| FEMALE | 268 | 32.7 | 894 | 110.0 | 654 | 80.8 | 1,816 | 74.4 |
| **TOTAL** | **312** | **18.7** | **1,205** | **72.2** | **1,019** | **61.9** | **2,536** | **50.9** |

*NJVDRS, New Jersey Hospital Discharge Data Collection System, Inpatient Data, NJDOH. Rates are per 100,000 age-specific population.*

**TABLE 6. NON-FATAL SUICIDE ATTEMPTS/SELF-INFLICTED INJURIES TREATED IN THE EMERGENCY DEPARTMENT AND RELEASED, BY AGE GROUP AND SEX, NEW JERSEY, 2017-2019**

| SEX OF YOUTH | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| MALE | 303 | 35.6 | 876 | 102.4 | 705 | 84.3 | 1,884 | 74.1 |
| FEMALE | 1,240 | 151.4 | 2,027 | 249.5 | 929 | 114.7 | 4,196 | 171.9 |
| **TOTAL** | **1,543** | **92.4** | **2,903** | **174.0** | **1,634** | **99.3** | **6,080** | **122.0** |

*NJVDRS, New Jersey Hospital Discharge Data Collection System, Emergency Department Data, NJDOH . Rates are per 100,000 age-specific population.*

## TABLE 7. MOST COMMON SUBSTANCES INVOLVED IN FATAL SUICIDAL OVERDOSES, NEW JERSEY, 2017-2019

| SUBSTANCE | Youth Ages 10 - 24<br>N |
|---|---|
| RX OPIOID-INVOLVED [1] | 7 |
| DIPHENHYDRAMINE-INVOLVED | 6 |
| BENZODIAZEPINE-INVOLVED | 5 |
| ANTIDEPRESSANT-INVOLVED | 5 |
| ALCOHOL-INVOLVED | 4 |
| ILLICIT OPIOID-INVOLVED | 3 |
| ACETAMINOPHEN-INVOLVED | 3 |
| CARBON MONOXIDE (CO) | 4 |
| GASES AND VAPORS [2,3]<br>(NITROUS OXIDE, HELIUM, DIFLUOROETHANE, UNSPECIFIED) | 4 |
| CHEMICAL (SODIUM AZIDE, SODIUM NITRATE, CYANIDE) | 3 |
| **TOTAL NUMBER OF SUICIDES INVOLVING DRUGS, CHEMICALS, AND GASES** | **36** |

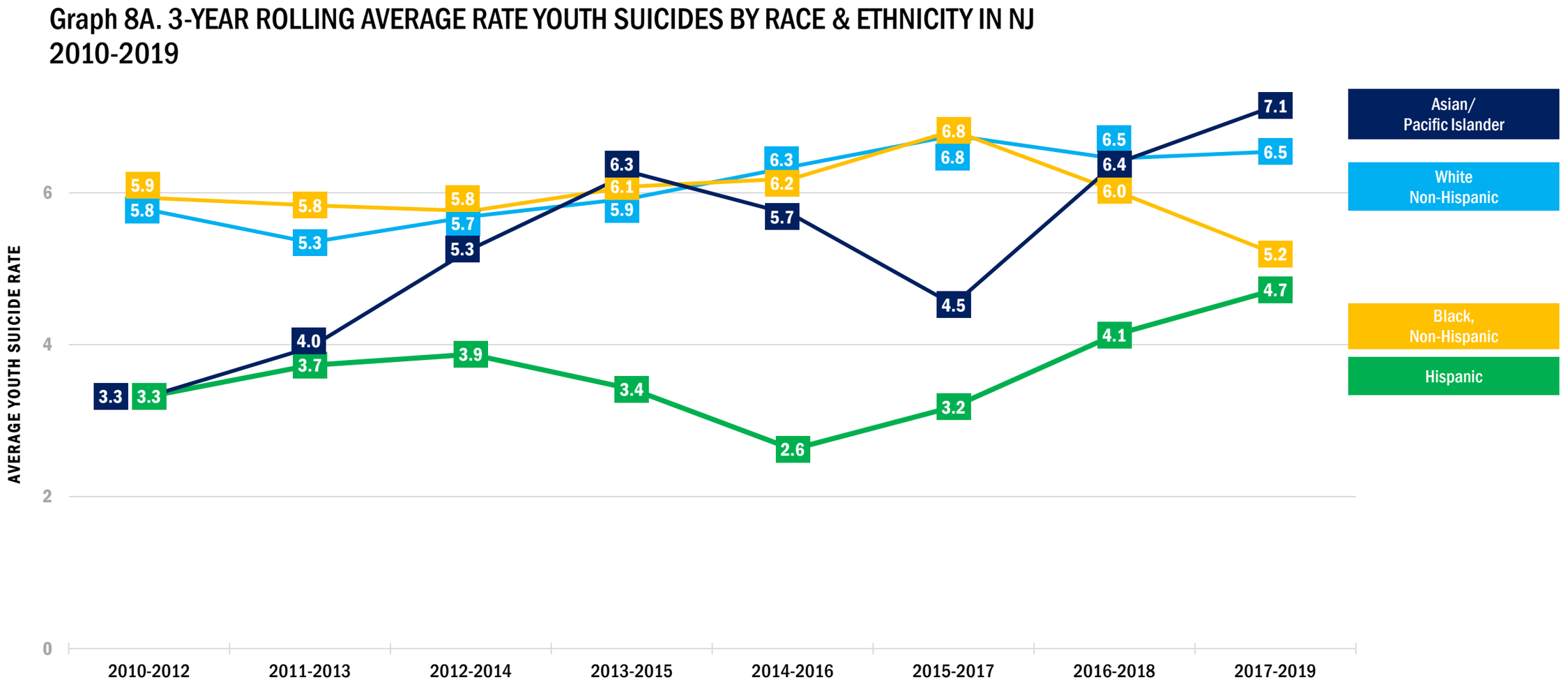
New Jersey Violent Death Reporting System v.08222022, Center for Health Statistics, NJDOH. Total number of substances involved is greater than the total number of deaths due to some deaths involving more than 1 substance.

## TABLE 8. SUICIDES BY AGE GROUP AND RACE/ETHNICITY, NEW JERSEY, 2017-2019

| RACE/ETHNICITY | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| WHITE NON-HISPANIC | 12 | ** | 56 | 6.5 | 97 | 11.6 | 165 | 6.5 [5.5-7.5] |
| *BLACK NON-HISPANIC* | 5 | ** | 8 | ** | 26 | 9.8† | 39 | 5.2† [3.6-6.8] |
| HISPANIC | 5 | ** | 21 | 5.2† | 32 | 8.1† | 58 | 4.7 [3.5-5.9] |
| *ASIAN/PACIFIC ISLANDER* | * | ** | 9 | ** | 23 | 15.4† | 34 | 7.1† [4.7-9.5] |
| **TOTAL** | **24** | **1.4†** | **94** | **5.5** | **180** | **10.9** | **298** | **6.0 [5.3-6.7]** |

New Jersey Violent Death Reporting System 08222022, Center for Health Statistics, NJDOH. If the range of upper and lower confidence intervals (indicated by the brackets) is greater than 30% from the rate estimate, rate(s) may be too volatile to draw conclusions.
† Error estimate rate is greater than 30%
**Rate not calculated due to fewer than 20 observations

**GRAPH 8A. 3-YEAR ROLLING AVERAGE RATE YOUTH SUICIDES BY RACE AND ETHNICITY IN NJ 2010-2019**




New Jersey Violent Death Reporting System v.08222022, Center for Health Statistics, NJDOH.

## TABLE 9A. NON-FATAL SUICIDE ATTEMPTS/SELF-INFLICTED INJURIES TREATED INPATIENT IN NEW JERSEY HOSPITALS, BY AGE GROUP AND RACE/ETHNICITY, NEW JERSEY, 2017-2019

| RACE/ETHNICITY | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| WHITE NON-HISPANIC | 142 | 17.2 | 542 | 63.1 | 471 | 56.3 | 1,155 | 45.8 |
| BLACK NON-HISPANIC | 41 | 17.3 | 212 | 85.5 | 199 | 75.2 | 452 | 60.3 |
| HISPANIC | 62 | 14.4 | 248 | 61.6 | 207 | 52.7 | 517 | 42.2 |
| ASIAN/PACIFIC ISLANDER | 9 | ** | 37 | 23.8 | 44 | 29.4 | 90 | 18.9 |
| OTHER RACE | 38 | | 110 | | 80 | | 228 | |
| UNKNOWN RACE | 20 | | 56 | | 18 | | 94 | |
| **TOTAL** | **312** | **18.7** | **1,205** | **72.2** | **1,019** | **61.9** | **2,536** | **50.9** |

*NJVDRS, NEW JERSEY HOSPITAL DISCHARGE DATA COLLECTION SYSTEM, INPATIENT DATA, NJDOH. RATES ARE PER 100,000 AGE-SPECIFIC POPULATION. RATE FOR "OTHER" AND "UNKNOWN" NOT CALCULATED DUE TO LACK OF EQUIVALENT DENOMINATOR. RACE AND ETHNICITY IN HOSPITAL DISCHARGE DATA ARE KNOWN TO BE INCOMPLETE, AND THESE DATA SHOULD BE USED WITH CAUTION.*

**rate not calculated due to fewer than 20 observations

## TABLE 9B. NON-FATAL SUICIDE ATTEMPTS/SELF-INFLICTED INJURIES TREATED IN NEW JERSEY EMERGENCY DEPARTMENTS, BY AGE GROUP AND RACE/ETHNICITY, NEW JERSEY, 2017-2019

| RACE/ETHNICITY | Age Groups | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | |
| | N | Rate | N | Rate | N | Rate | N | Rate |
| WHITE NON-HISPANIC | 690 | 83.5 | 1,506 | 175.3 | 919 | 109.9 | 3,115 | 123.6 |
| BLACK NON-HISPANIC | 254 | 107.2 | 489 | 197.2 | 298 | 112.6 | 1,041 | 138.9 |
| HISPANIC | 403 | 93.4 | 576 | 143.1 | 274 | 69.8 | 1,253 | 102.2 |
| ASIAN/PACIFIC ISLANDER | 33 | 18.6 | 95 | 59.3 | 54 | 34.8 | 182 | 38.2 |
| OTHER RACE | 131 | | 201 | | 58 | | 390 | |
| UNKNOWN RACE | 32 | | 36 | | 31 | | 99 | |
| **TOTAL** | **1,543** | **92.4** | **2,903** | **174.0** | **1,634** | **99.3** | **6,080** | **122.0** |

*NJVDRS NEW JERSEY HOSPITAL DISCHARGE DATA COLLECTION SYSTEM, EMERGENCY DEPARTMENT DATA, NJDOH. RATES ARE PER 100,000 AGE-SPECIFIC POPULATION. RATE FOR "OTHER" AND "UNKNOWN" NOT CALCULATED DUE TO LACK OF EQUIVALENT DENOMINATOR. RACE AND ETHNICITY IN HOSPITAL DISCHARGE DATA ARE KNOWN TO BE INCOMPLETE, AND THESE DATA SHOULD BE USED WITH CAUTION.*

**Rate not calculated due to fewer than 20 observations

## TABLE 10. FREQUENTLY REPORTED SUICIDE CIRCUMSTANCES BY SEX AND AGE GROUP, NEW JERSEY, 2017-2019

| SUICIDE CIRCUMSTANCE | Male Age Groups | | | | | | | | Female Age Groups | | | | | | | | All Youth | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 10-14 | | 15-19 | | 20-24 | | 10-24 | | 10-14 | | 15-19 | | 20-24 | | 10-24 | | 10-24 | |
| | N | %^ | N | %^ | N | %^ | N | %^ | N | %^ | N | %^ | N | %^ | N | %^ | N | %^ |
| Crisis within 2 weeks | * | ** | 12 | 19% | 30 | 21% | 45 | 20% | * | ** | 10 | 31% | 8 | 23% | 20 | 26% | 65 | 22% |
| Current depressed mood (dx & no dx) | * | ** | 10 | 16% | 17 | 12% | 30 | 14% | * | ** | 5 | 16% | * | ** | 11 | 14% | 41 | 14% |
| Current mental health problem | * | ** | 11 | 18% | 44 | 30% | 58 | 26% | 6 | 55% | 18 | 56% | 15 | 43% | 39 | 50% | 97 | 33% |
| Current mental health treatment | * | ** | 7 | 11% | 17 | 12% | 26 | 12% | * | ** | 10 | 31% | 11 | 31% | 23 | 29% | 49 | 16% |
| History of mental health treatment | * | ** | 10 | 16% | 25 | 17% | 37 | 17% | * | ** | 11 | 34% | 12 | 34% | 25 | 32% | 62 | 21% |
| Substance abuse problem | * | ** | * | ** | 19 | 13% | 24 | 11% | * | ** | * | ** | 7 | 20% | 10 | 13% | 34 | 11% |
| Alcohol problem | * | ** | * | ** | 7 | 5% | 8 | 4% | * | ** | * | ** | * | ** | 5 | 6% | 13 | 4% |
| History of suicide attempts | * | ** | 11 | 18% | 10 | 7% | 21 | 10% | * | ** | 7 | 22% | 8 | 23% | 17 | 22% | 38 | 13% |
| Disclosed intent | * | ** | 10 | 16% | 16 | 11% | 26 | 12% | * | ** | * | ** | * | ** | 8 | 10% | 34 | 11% |
| Suicide note | * | ** | 10 | 16% | 15 | 10% | 27 | 12% | * | ** | 10 | 31% | 7 | 20% | 19 | 24% | 46 | 15% |
| Recent death of friend or family | * | ** | * | ** | 6 | 4% | 9 | 4% | * | ** | * | ** | * | ** | * | ** | 13 | 4% |
| School problem | * | ** | 8 | 13% | 8 | 6% | 20 | 9% | 5 | 45% | * | ** | * | ** | 9 | 12% | 29 | 10% |
| Financial problem | * | ** | * | ** | * | ** | 6 | 3% | * | ** | * | ** | * | ** | * | ** | 6 | 2% |
| Physical health problem | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | 6 | 2% |
| Recent criminal legal problem | * | ** | * | ** | 5 | 3% | 8 | 4% | * | ** | * | ** | * | ** | * | ** | 9 | 3% |
| Intimate partner problem | * | ** | 14 | 23% | 22 | 15% | 37 | 17% | * | ** | 7 | 22% | 6 | 17% | 14 | 18% | 51 | 17% |
| Job problem | * | ** | * | ** | * | ** | 5 | 2% | * | ** | * | ** | * | ** | * | ** | 5 | 2% |
| Other relationship problem | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | * | ** | 6 | 2% |
| Family stressors | * | ** | 6 | 10% | 7 | 5% | 15 | 7% | * | ** | 5 | 16% | 5 | 14% | 10 | 13% | 24 | 8% |
| Other suicide circumstance *(includes other classified circumstances and other not elsewhere classified circumstances)* | 7 | 54% | 17 | 27% | 39 | 27% | 63 | 29% | 1 | 9% | 14 | 44% | 13 | 37% | 28 | 36% | 91 | 31% |

***NEW JERSEY VIOLENT DEATH REPORTING SYSTEMv.08222022, Center for Health Statistics, NJDOH.***

*^Percent of all suicides. Circumstances are updated as new information becomes available; these are minimum estimates. Total circumstances greater than 20% were highlighted.*

**Number suppressed due to fewer than 5 observations ** Percentage suppressed due to fewer than 5 observations*

## TABLE 11. NON-FATAL SUICIDE ATTEMPTS/SELF-INFLICTED INJURIES RESULTING IN TREATMENT IN THE EMERGENCY DEPARTMENT OR INPATIENT HOSPITAL, BY AGE GROUP, SEX AND COUNTY OF RESIDENCE, NEW JERSEY 2017-2019

| COUNTY | Inpatient Hospital Treatment for Youth Ages 10 - 24 | | | | | | Emergency Department Treatment for Youth Ages 10 - 24 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | | Female | | All Youth | | Male | | Female | | All Youth | |
| | N | Rate | N | Rate | N | Rate | N | Rate | N | Rate | N | Rate |
| ATLANTIC | 30 | 39.4 | 64 | 86.7 | 94 | 62.7 | 67 | 88.0 | 164 | 222.3 | 231 | 154.1 |
| BERGEN | 56 | 21.5 | 154 | 61.4 | 210 | 41.1 | 104 | 40.0 | 302 | 120.5 | 406 | 79.5 |
| BURLINGTON | 45 | 34.9 | 76 | 64.8 | 121 | 49.1 | 103 | 79.8 | 294 | 250.8 | 397 | 161.2 |
| CAMDEN | 47 | 32.6 | 137 | 99.2 | 184 | 65.2 | 76 | 52.7 | 198 | 143.4 | 274 | 97.1 |
| CAPE MAY | 6 | ** | 14 | ** | 20 | 46.5 | 17 | ** | 31 | 152.0 | 48 | 111.7 |
| CUMBERLAND | 18 | ** | 31 | 75.3 | 49 | 57.8 | 56 | 128.3 | 142 | 345.1 | 198 | 233.5 |
| ESSEX | 77 | 32.9 | 241 | 105.8 | 318 | 68.9 | 173 | 74.0 | 447 | 196.3 | 620 | 134.4 |
| GLOUCESTER | 24 | 27.6 | 49 | 59.1 | 73 | 42.9 | 49 | 56.3 | 99 | 119.4 | 148 | 87.1 |
| HUDSON | 56 | 34.2 | 125 | 80.8 | 181 | 56.8 | 81 | 49.4 | 229 | 148.1 | 310 | 97.3 |
| HUNTERDON | 11 | ** | 24 | 70.8 | 35 | 49.3 | 22 | 59.2 | 41 | 121.0 | 63 | 88.7 |
| MERCER | 29 | 24.8 | 83 | 71.6 | 112 | 48.1 | 135 | 115.2 | 236 | 203.6 | 371 | 159.2 |
| MIDDLESEX | 61 | 25.0 | 127 | 54.2 | 188 | 39.3 | 186 | 76.3 | 362 | 154.6 | 548 | 114.7 |
| MONMOUTH | 65 | 36.0 | 142 | 81.8 | 207 | 58.5 | 117 | 64.8 | 236 | 136.0 | 353 | 99.7 |
| MORRIS | 32 | 22.3 | 95 | 68.6 | 127 | 45.0 | 112 | 77.9 | 245 | 176.8 | 357 | 126.5 |
| OCEAN | 41 | 25.2 | 96 | 61.6 | 137 | 43.0 | 188 | 115.6 | 452 | 290.2 | 640 | 201.0 |
| PASSAIC | 49 | 31.9 | 119 | 78.7 | 168 | 55.1 | 74 | 48.2 | 149 | 98.5 | 223 | 73.2 |
| SALEM | 10 | ** | 6 | ** | 16 | ** | 14 | ** | 23 | 139.4 | 37 | 108.5 |
| SOMERSET | 23 | 23.5 | 46 | 49.8 | 69 | 36.2 | 80 | 81.7 | 133 | 143.9 | 213 | 111.9 |
| SUSSEX | 6 | ** | 34 | 90.4 | 40 | 51.9 | 64 | 162.4 | 101 | 268.6 | 165 | 214.3 |
| UNION | 19 | ** | 135 | 86.5 | 154 | 48.7 | 125 | 77.9 | 191 | 122.4 | 316 | 99.8 |
| WARREN | 15 | ** | 18 | ** | 33 | 56.3 | 41 | 137.7 | 121 | 419.7 | 162 | 276.4 |
| TOTAL | 720 | 28.3 | 1,816 | 74.4 | 2,536 | 50.9 | 1,884 | 74.1 | 4,196 | 171.9 | 6,080 | 122.0 |

*NJVDRS NEW JERSEY HOSPITAL DISCHARGE DATA COLLECTION SYSTEM, INPATIENT DATA AND EMERGENCY DEPARTMENT DATA, NJDOH. RATES ARE PER 100,000 AGE-SPECIFIC POPULATION.*
** NUMBER SUPPRESSED DUE TO FEWER THAN 5 OBSERVATIONS AND COMPLIMENTARY CELLS **RATE NOT CALCULATED DUE TO FEWER THAN 20 OBSERVATIONS*