

# Suicide in Missouri: Where We Stand

University of Missouri—St. Louis

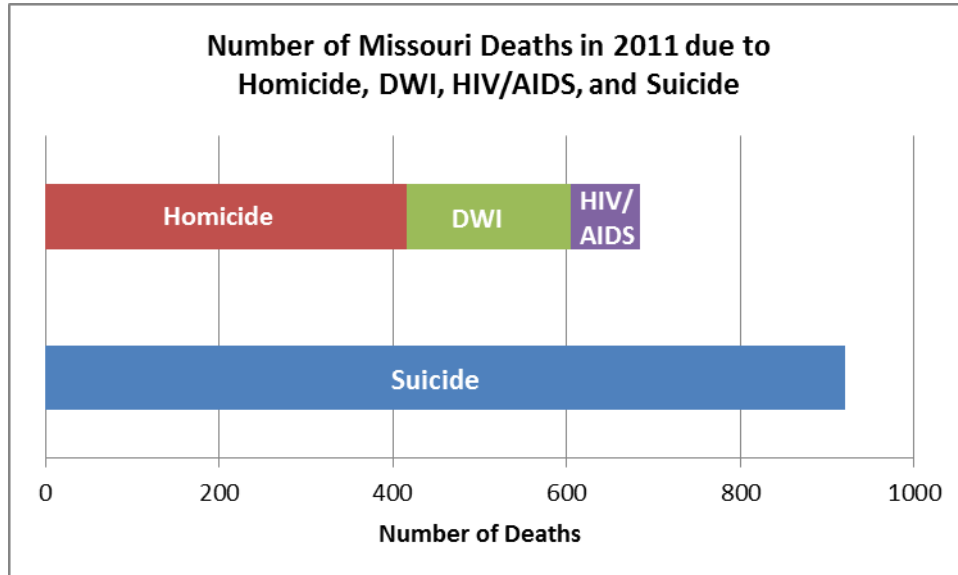
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In 2011, suicides outnumbered homicides by more than two to one in Missouri (921 vs. 416).\*

Among Missouri youth/young adults ages 15-24, suicide was the 3rd leading cause of death.

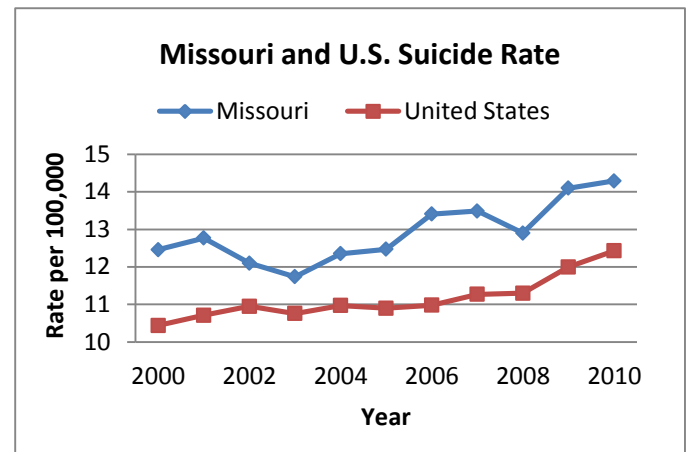
More Missourians died by suicide than by accidents caused by driving under the influence, homicide, and AIDS combined.

The use of firearms is the primary means of suicide in Missouri.



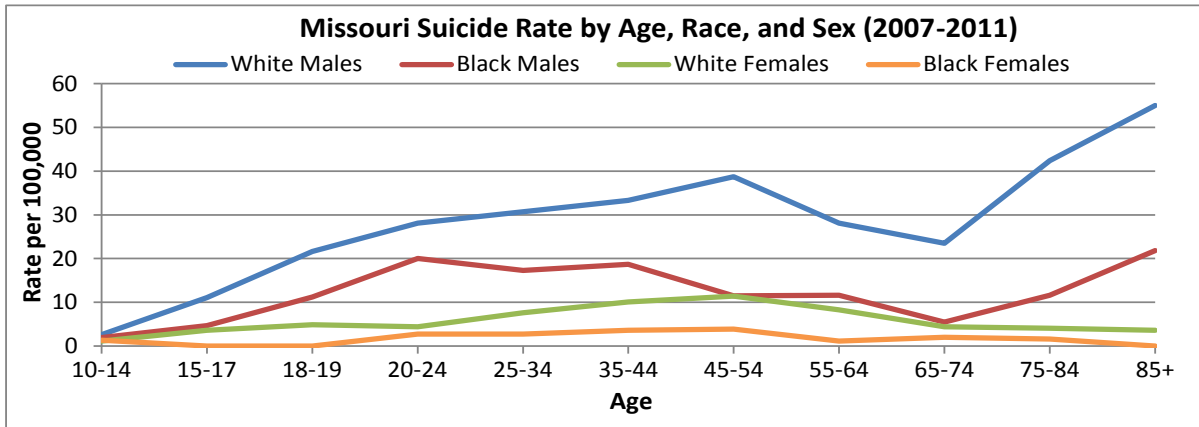
For over a decade, the suicide rate in Missouri has been higher than the rate nationally. In 2010, Missouri's suicide rate was the 22nd highest in the nation with an overall rate of 14.29 per 100,000 compared to the national rate of 12.43 per 100,000 (CDC, 2010). Suicide was the 10<sup>th</sup> leading cause of death with suicides outnumbering homicides by more than two to one.

Suicides and suicide attempts/intentional self-injuries are examined in detail by age, race, and sex in order to increase our understanding of these behaviors. Data on special populations and the means by which suicides occur are also presented.



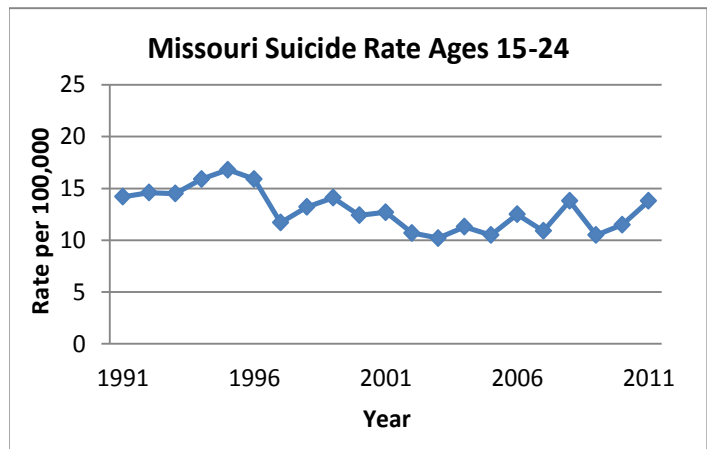
\*Missouri data are from 2011 unless otherwise specified. Missouri data are from the Missouri Information for Community Assessment (MICA). National data are from the CDC Web-based Injury Statistics Query and Reporting System (WISQARS).

# Suicides by Age, Race, and Sex

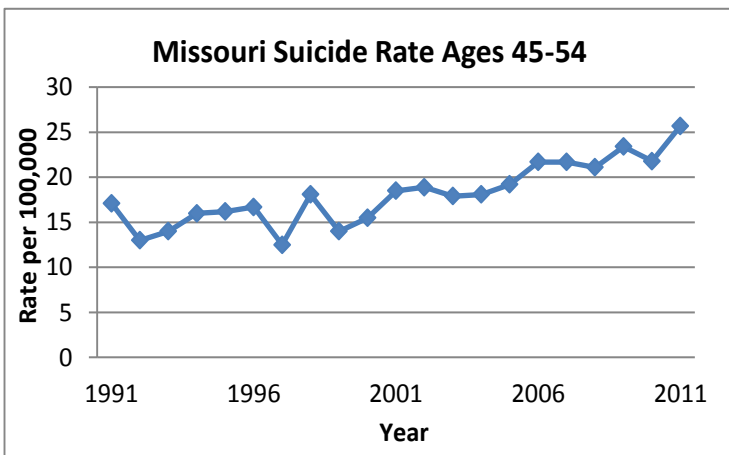


## Youth/Young Adults: 15-24

- Suicide was the 3rd leading cause of death in Missouri among youth/young adults ages 15-24 in 2011 and accounted for 16% of all deaths in this age group.
- Among Missouri youth/young adults, those ages 20-24 had the highest suicide rate, with males accounting for 84% of these suicides.
- Risk of suicide is higher among youth/young adults 18-24 who are not attending college compared to those in college (Silverman et al., 1997; Drum et al., 2009).
- 12.4% of all Missouri high school students and 15.7% of female high school students reported they seriously considered suicide in 2012 (Missouri Student Survey, 2012).
- 13.6% of Missouri college students experienced suicidal thoughts within the 12 months prior to the survey (Missouri College Health Behavior Survey [MHBS], 2012).
- Among Missouri college students, LGBTQ students were more than three times as likely to have had suicidal thoughts during the previous year (36%) than students at large (12%) and were nearly four times as likely to have made a suicide attempt (MCHBS, 2012).



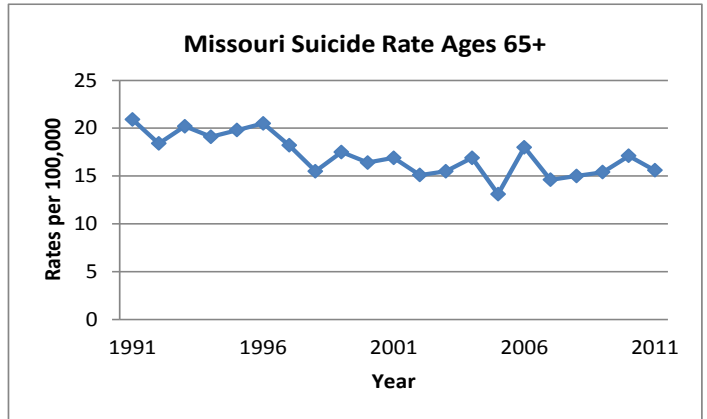
## Adults: 45-54



- The suicide rate for adults 45-54 in Missouri almost doubled from 1999 to 2011. This was true for both males and females.
- In 1999, 74 males in this age range took their own lives compared to 170 in 2011.
- The rate of suicide among Missouri adults between 45-54 is higher than any other age group except those 75 and older.
- In Missouri, the rate of suicide among white males 45-54 is almost four times higher than others in this age group.

## Older Adults: 65 and Over

- The overall suicide rate among older adults in Missouri decreased from 1991 to 2001 and had remained relatively stable through 2011.
- Although the suicide rate for adults 75 and over has decreased 40%, since 1991, it is the highest of any age groups.
- Of Missourians in this age group, the suicide rate is highest among white males.
- In 2011, 78% of all older adult suicides involved firearms.



## Young Veterans

- The number of Missouri veterans ages 24 or under who completed suicide nearly doubled between 1995 and 2006, while the number of suicides among all Missouri veterans decreased 10% during the same time period (DHSS).
- There were 21 suicides among young Missouri veterans during the first half of this period (3.1% of all youth/

young adult suicides in Missouri) compared to 40 suicides in the second half (6.6% of all youth/young adult suicides).

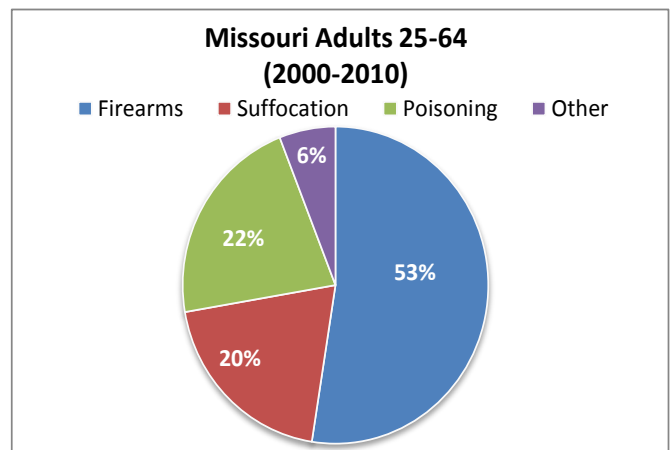
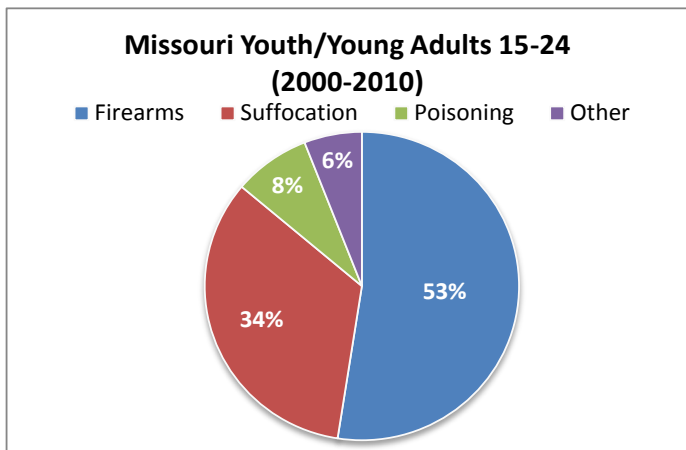
- Around 7% of Missouri young adults 18-24 who died by suicide in 2009 were veterans (U.S. Census, 2009).

## Means\*\*

- The use of firearms is the primary means of suicide among both youth and adults in Missouri.
- Poisoning as a means of suicide is much more common among adults than youth.
- Males are over 25% more likely than females to use firearms (60.8% versus 34.7% in 2011).
- Females are much more likely to use poisoning to end their lives (35.9% versus 11.0%) and somewhat more likely than males to use suffocation (28.8% versus 21.6%).

- From 2000 to 2010, around half of all suicides among youth/young adults 15-24 were due to firearms, followed by suffocation and poisoning. However, younger youth (10-14) are more likely to use suffocation (56.3%) than firearms (38.8%).

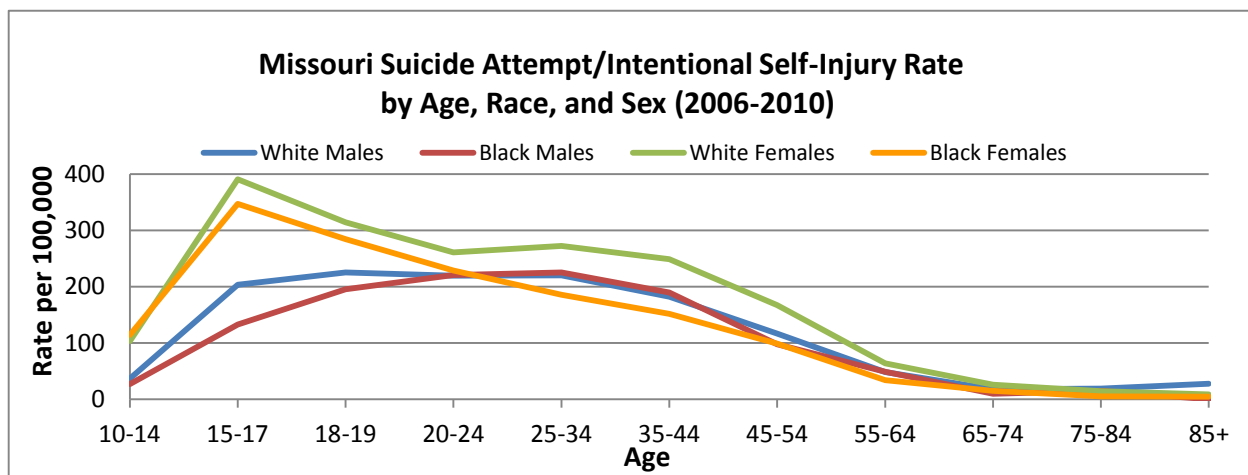
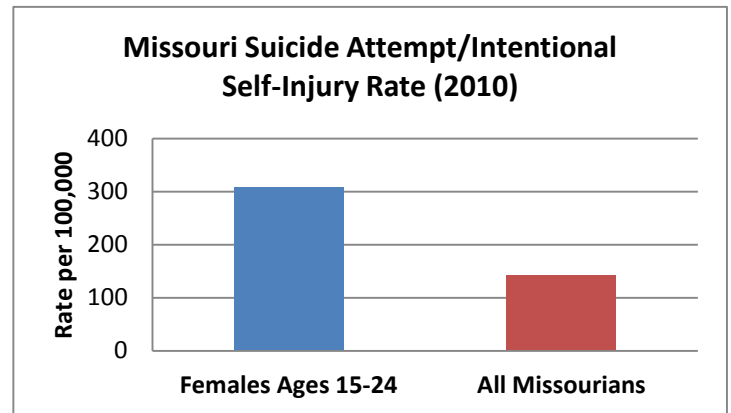
- In general, the use of firearms in suicides is similar among youth/young adults and all other adults. Suffocation is much more common among youth/young adults.



\*\*Means data are from WISQARS. "Firearms" include pistols, rifles, and shotguns; "Suffocation" includes hanging and asphyxiation; "Poisoning" includes drug overdoses; "Other" includes jumping, cutting, drowning, and unspecified/other.

# Suicide Attempt/Intentional Self-Injury by Age, Race, and Sex\*\*\*

- In 2010, 8,190 Missourians were treated in emergency rooms or were hospitalized for suicide attempts/intentional self-injuries.
- Females ages 15-24 had the highest rate of suicide attempt/intentional self-injury (307.0 per 100,000). This was more than double the rate for all Missourians (142.4 per 100,000).
- Poison or drug/alcohol overdose accounted for 81% of suicide attempts/intentional self-injuries; 60% were female.
- The rate of suicide attempt/intentional self-injury declined as age increased regardless of race or sex.



## Additional Facts

- Whites made up approximately 85% of the population of Missouri in 2011 but accounted for around 93% of all suicides.
- In 2010, there was one suicide for about every nine suicide attempts/intentional self-injuries.
- Overall, males took their own lives at nearly four times the rate of females and represented 78% of all suicides in Missouri.

\*\*\* Data were obtained from hospital or emergency room records of individuals treated for intentional self-injuries. “Intentional self injury” is used as a proxy for suicide attempts, although it should be noted that not all intentional self-injuries are suicide attempts and many suicide attempts do not result in hospital or ER admission.

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