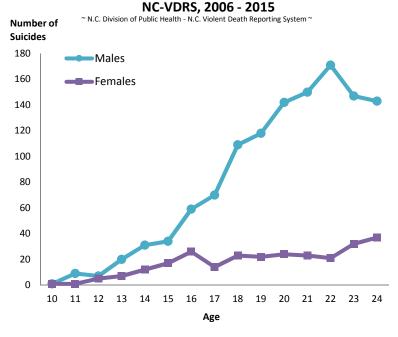


YOUTH SUICIDE IN NORTH CAROLINA, 2006 - 2015

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on deaths that occur in North Carolina resulting from violence: homicide, suicide, unintentional firearm deaths, legal intervention and deaths for which intent could not be determined. NC-VDRS is a multi-source system that gathers information from death certificates, medical examiner reports and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. NC-VDRS began collecting data in January 2004. This document summarizes deaths among North Carolina residents ages 10-24 completing suicide for the years 2006 - 2015.

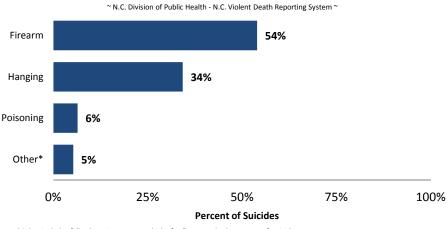
Youth Suicide in North Carolina, by Sex and Age:



- From 2006 to 2015, 3,126 North Carolina residents ages 10 to 24 died as a result of violence. Of these violent deaths, 1,476 (47.2%) were suicide.
- Males consistently had a higher number of suicides than females, regardless of age.
- The number of suicides peaked for males at age 22 with 171 suicides and for females at age 24 with 37 suicides.

• Seventy-four percent of all youth suicide victims were identified as non-Hispanic (NH) white, 16.7 percent as NH black, 6.2 percent as Hispanic, and 3.7 percent as belonging to another racial/ethnic group.

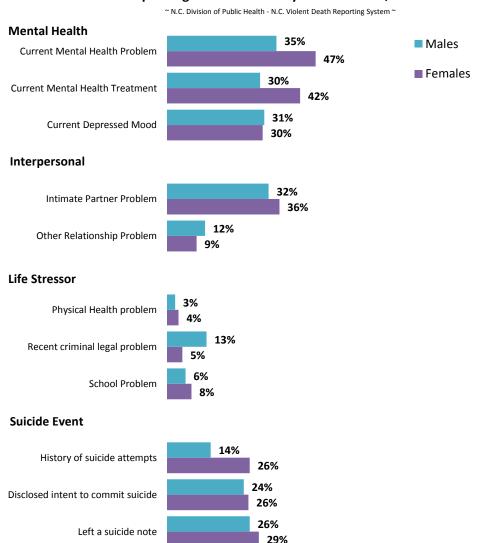




- Overall, the most common method of suicide among youth was firearms (54.0%), followed by hanging/strangulation/suffocation (34.3%) and poisoning (6.4%).
- Only five percent of suicides were completed using a method other than firearms, hanging or poisoning.

^{*}Other includes falls, drowning, motor vehicle, fire/burns and other causes of suicide.

Precipitating Circumstances by Sex: NC-VDRS, 2006 - 2015



[•] Forty-seven percent of female and 34.7 percent of male suicide victims were characterized as having a current mental health problem when they completed suicide.

- A similar trend was seen for mental health treatment. Females (42.2%) were more likely than males (29.5%) to be receiving treated for a mental health problem at the time of suicide.
- Thirty-six percent of female and 32.2 percent of male suicide victims had an intimate partner problem.
- Twenty-six percent of female and 24.4 percent of male victims had disclosed their intent to commit suicide to someone else.
- Females (29.1%) were more likely to leave a suicide note than males (26.2%).

25%

More infromation on suicide prevention efforts can be found at:

75%

100%

50%

Percent

State Resource Partners

N.C. Division of Mental Health,

Developmental Disabilities and Substance Abuse Services

0%

www.ncdhhs.gov/mhddsas

North Carolina Office of the Chief Medical Examiner

www.ocme.dhhs.nc.gov

The Triangle Consortium for Suicide Prevention

Contact: Phil Morse

www.trianglesuicideprevention.org

N.C. Injury and Violence Prevention's Youth Suicide Prevention Website

www.itsok2ask.com

National Resources

The Suicide Prevention Resource Center

www.sprc.org

The American Foundation for Suicide Prevention

www.afsp.org

The National Suicide Prevention Lifeline (for suicide crisis calls)

1-800-273-8255

The North Carolina Violent Death Reporting System is supported by Cooperative Agreement 5U17/CE002613-04 from the Centers for Disease Control and Prevention (CDC).





N.C. Division of Public Health / www.publichealth.nc.gov / Injury Epidemiology & Surveillance Unit/ 919-707-5425

N.C. Violent Death Reporting System / 919-707-5432

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Please see the NC-VDRS 2015 Annual Report for additional data and technical information.

^{*}Circumstances are known for 88% of males (n=1067) and 92% of females (n=244)