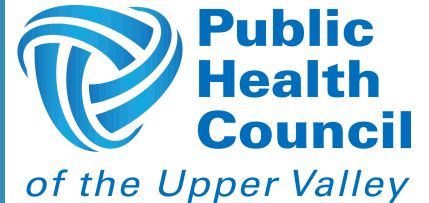


SUICIDE DATA BRIEF



Why Crossing the River Matters

This data brief was developed in response to a grant from the State of NH and is about NH; however, we include high school student data from five school districts: Hanover, Hartford, Lebanon, Mascoma Valley, and Rivendell. We do this because:

1. All these schools feed into the Hartford Vocational Technical School; and
2. Our youth cross the river for sports, activities, and jobs.

Suicide attitudes and behaviors bridge the river and our understanding of it must, too.

HOW DOES SUICIDE AFFECT OUR REGION?

In 2007-2013, Grafton County had a crude suicide death rate of 14.9 per 100,000 people; for NH, it was 13.9⁴.

The Upper Valley has the lowest rates of Emergency Department (ED) visits for suicidal self-harm and self-inflicted poisoning in New Hampshire.

Three (3) times more male than female New Hampshire residents of all ages died by suicide in the period from 2007-2011⁴ (79%:21%), despite the fact that during a similar time period, nearly twice as many females as males attempted suicide⁴ (63%:37%).

RISK FACTORS IN THE UPPER VALLEY

20.2% of high school students in our region felt so sad or hopeless for 2 or more consecutive weeks of the past year that they stopped some of their usual activities².

In the Upper Valley, 18% of high school students reported they had purposefully hurt themselves, without wanting to die, in the past 12 months². Individual schools reported a range from 14% to 23.6% of their student body.²

5.1% of students throughout the region said they had attempted suicide 1 or more times in the past 12 months². By school, student reported suicide attempts ranged from 4% of the student population to 6.4%.²

5.6% of individuals over 65 reported a high rate of mentally unhealthy days³.

12.1% of Upper Valley Residents aged 18-64 experiences 14 to 30 days, in the past 30 days, when their mental health was not good³.

Male NH residents over 80 have the highest rate of suicide death.

Females are seen in the ED and inpatient setting for self harm events and suicide attempts more often than males¹, at a rate of 660/100,000.

NH is above the US average for alcohol and illegal drug use (4th and 15th highest, respectively)⁴ both of which have been shown to be risk factors for suicide.

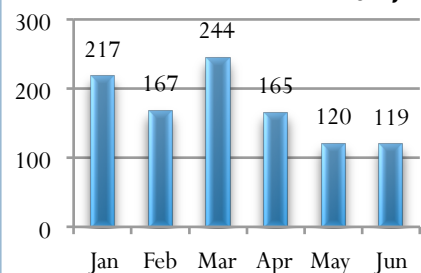
CHALLENGES

Youth and young adults' rate of ED visits for suicide attempts are 5 times the inpatient discharge rate for this group⁴, showing that repeat emergency visits are more common than the appropriate long term treatment.

It is difficult to determine the number of people who need mental health services, but are not receiving them.

Headrest's 24 hour crisis hotline serves VT and NH.

2015 Call Volume as of July



Inside the Methods of Suicide

- 46% of suicide deaths in NH from 2007-2013 occurred by firearms⁴ with hanging/asphyxiation as the next most common method (27%)⁴.
- Poisoning is the third most lethal means, and the most used method for suicide attempts as assessed by hospital discharge data from 2005-2009⁴.

