Fiscal 2024 Suicide Prevention Report

Illinois Suicide Prevention Alliance

Created by Public Act 095-0109

December 2024

The Illinois Department of Public Health and the Illinois Suicide Prevention Alliance want a society where people, especially those at risk of suicidal behaviors, can live to their full potential.


ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

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Nationally[1]	***Illinois***[2]
✓ On average, every 11 minutes, a person dies by suicide.	✓ On average, every five hours and 41 minutes, a person dies by suicide.
✓ The total number of deaths by suicide increased 2.6% from 2021 to 2022.	✓ The total number of deaths by suicide increased 7.0% from 2021 to 2022.
✓ The suicide rate among males in 2022 was 3.9 times higher than the rate among females.	✓ The suicide rate among males in 2022 was 3.6 times higher than the rate among females.

[1] **Data Source:** CDC Suicide Data Statistics. Available from https://www.cdc.gov/suicide/suicide-data-statistics.html. Accessed August 2023.

[2] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023; CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System). Accessed July 2024.

Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support. Help is available 24/7 across the United States – Call or text 988 or chat 988lifeline.org. 988 is confidential, free, and available 24/7/365.

Background History

FY24 Suicide Prevention Report to the
The Honorable JB Pritzker, Governor of Illinois, and the Illinois General Assembly

The suicide problem in Illinois challenges everyone -- advocates, child welfare workers, clergy, communities, educators, families, health care providers, hospital personnel, law enforcement, mental health professionals, physicians, policymakers, prevention specialists, and public health professionals. Efforts by the Illinois Department of Public Health (IDPH) began 23 years ago to address the problem, reduce the number of suicides, and lessen its stigma.

The initial statewide effort to address suicide in Illinois started in 2001 with the establishment of the Illinois Suicide Prevention Coalition by IDPH. The coalition held meetings from 2001 through 2003 with the initial purpose of developing a state plan for suicide prevention. The original plan was completed in 2003 and included recommendations for establishing a comprehensive approach to suicide prevention, which included survivors, families, suicide service providers, state agencies, and community advocates.

In 2004, the Illinois General Assembly passed the Suicide Prevention, Education, and Treatment Act Public Act 093-0907. The act required IDPH to establish a Suicide Prevention Strategic Planning Committee and specified requirements for appointing members.

To unify planning work and advance suicide prevention efforts, an alliance was created in 2007 between the Illinois Suicide Prevention Strategic Planning Committee and the Illinois Suicide Prevention Coalition. Legislation was passed officially changing the committee's name to the Illinois Suicide Prevention Alliance—Public Act 095-0109—and was signed into law on January 1, 2008.

Public Act 101-0331 revised the Suicide Prevention, Education, and Treatment Act, effective August 9, 2019. The act envisioned the establishment of an infrastructure for suicide prevention, the development of a comprehensive plan to prevent suicide, and funding to implement that plan. The act took the first step by giving IDPH responsibility for coordinating statewide suicide prevention, intervention, and postvention programs, services, and efforts. The completion of the Illinois Suicide Prevention Strategic Plan 2020 fulfilled the second step by providing a comprehensive, public health-based strategy to prevent suicide. The third step was to secure funding to implement the plan. During FY22, funds were included in the state budget to support IDPH suicide prevention infrastructure and strategies in the state plan. The first suicide prevention coordinator started in July 2022.

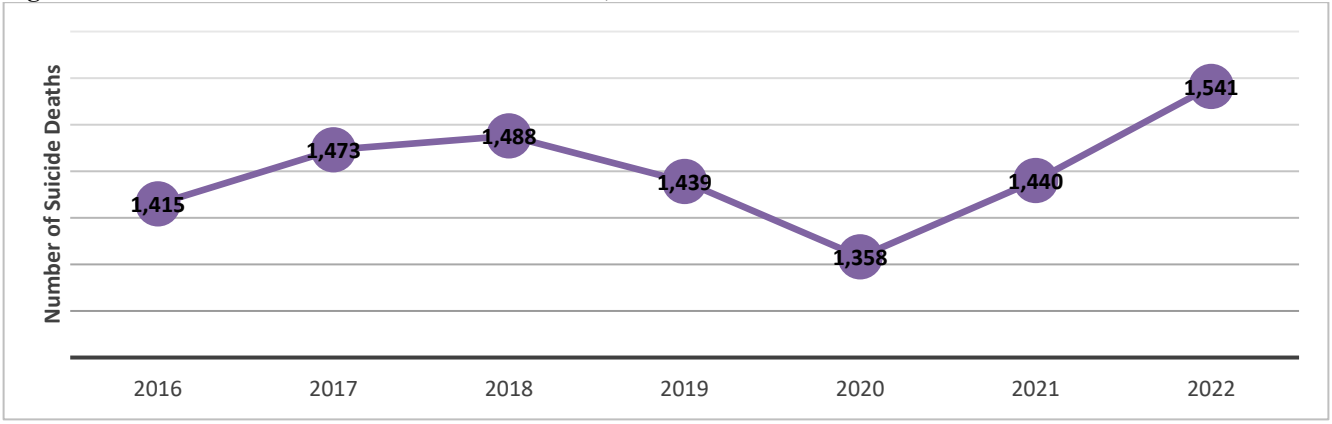
The alliance aims to bring together public and private organizations and stakeholders concerned with mental health to implement the goals and objectives that reduce this tragedy, using a positive public health approach. The alliance reflects a multi-disciplinary membership appointed by the IDPH director. Appointed membership represents state agencies, organizations that focus on the prevention of suicide and the improvement of mental health treatment, suicide survivors, mental health consumers, first responders, researchers, and those representing at-risk populations. In addition to the appointed members, numerous stakeholders assist the alliance's work.

This report narrative captures the FY24 work of IDPH and its advisory board, the Illinois Suicide Prevention Alliance, along with other state suicide prevention efforts.

The Impact of COVID-19

The COVID-19 pandemic, which started in 2020, significantly impacted public health in many ways, including an impact on suicide rates and the distribution of those rates among different Illinois population groups. The total number of suicide deaths fell from 1,488 in 2018 to 1,358 in 2020 but rose 13.5% to 1,541 in 2022 (Figure 1).

Figure 1[3]: Total Number of Suicide Deaths in Illinois, 2016-2022*



*Illinois, all ages, all races, all ethnicities, all genders. 2022 data provisional.

Additionally, the rates of suicides changed overall and for individuals of different sexes. The overall age-adjusted rate of suicides in Illinois dropped by 7.1% between 2018 and 2020 and then rose by 5.7% between 2020 and 2021 (see Table 1 below and Figure on page 37). The rate of male suicides in Illinois decreased by 6.4% between 2018 and 2020 but increased by 3.5% between 2020 and 2021 (see Table 1 below and Figure on page 38). The rate of female suicides decreased by 12.1% between 2018 and 2020 but rose by 10.5% between 2020 and 2021.

Table 1[4]: Illinois Percent Change in Age-Adjusted Suicide Rates by Gender Prior to Introduction of COVID-19 and After, 2018-2021

Sex	Percent Change in Age-Adjusted Suicide Rates 2018-2020	Percent Change in Age-Adjusted Suicide Rates 2020-2021
All	-7.1%	5.7%
Females	-12.1%	10.5%
Males	-6.4%	3.5%

[3] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.
[4] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

The changes in suicide rates varied for different segments of the population (see Table 2, Figure 12 on page 40, and Figure 10 on page 40). Specifically, non-Hispanic Black males and females showed the greatest increase in crude suicide rates from 2018 to 2020. Hispanic females and non-Hispanic Black females showed the greatest increase in suicide rates between 2020 and 2021. Alternatively, Hispanic females and non-Hispanic White females experienced the greatest decrease in crude suicide rates between 2018 and 2020. Non-Hispanic females and males of other races showed the greatest reduction of crude suicide rates between 2020 and 2021.

Table 2[5]: Illinois Percent Change in Crude Suicide Rates by Race, Ethnicity, and Gender Prior to Introduction of COVID-19 and After 2018-2021

Race/Ethnicity/Gender	Percent Change in Crude Suicide Rates 2018-2020	Percent Change in Crude Suicide Rates 2020-2021
Hispanic Females	-25.4%	38.3%
Non-Hispanic White Females	-17.5%	9.1%
Non-Hispanic White Males	-11.5%	5.2%
Non-Hispanic Males, Other Races	13.2%	-37.1%
Hispanic Males	17.3%	6.1%
Non-Hispanic Females, Other Races	19.8%	-47.3%
Non-Hispanic Black Males	22.6%	16.4%
Non-Hispanic Black Females	44.7%	38.1%

The continuing increase in crude suicide rates among non-Hispanic Black females, non-Hispanic Black males, and Hispanic males in Illinois since 2018 is a cause for concern and warrants additional attention in data analytics and suicide prevention efforts.

[5] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Illinois Suicide Prevention Strategy

The Illinois Suicide Prevention Strategy recommendations are based on the 2012 National Strategy for Suicide Prevention.

- **Strategic Direction 1. Healthy and Empowered Individuals, Families, and Communities**
  Suicide prevention should follow a public health model that provides a role for all elements of the community.
  - Goal 1. Integrate and coordinate suicide prevention activities.
  - Goal 2. Utilize communications to change attitudes and behaviors toward suicide and behavioral health.
  - Goal 3. Increase understanding of protective factors and how to promote wellness and recovery.
  - Goal 4. Promote responsible media reporting of suicide.

- **Strategic Direction 2. Clinical and Community Preventive Services**
  Clinical providers and community preventative services should be provided tools to reduce suicide risk factors and to promote protective factors.
  - Goal 5. Promote wellness and prevent suicide and related behaviors.
  - Goal 6. Reduce access to lethal means of suicide.
  - Goal 7. Provide training to community and clinical service providers.

- **Strategic Direction 3. Health Care Providers**
  Health care providers should adopt a comprehensive suicide prevention program with an aspirational goal of "zero suicide."
  - Goal 8. Implement a comprehensive suicide prevention program.
  - Goal 9. Provide effective care transitions.
  - Goal 10. Provide care and support to individuals affected by suicide deaths and attempts.

- **Strategic Direction 4. Surveillance, Research, and Evaluation**
  Illinois should promote comprehensive public health surveillance, research-based suicide prevention programs, and regular evaluation and improvement of programs.
  - Goal 11. Improve the timeliness and usefulness of data and the ability to use that data.
  - Goal 12. Promote and support suicide prevention research.
  - Goal 13. Evaluate the impact and effectiveness of suicide prevention programs.

Illinois Suicide Prevention Strategic Plan 2020 – https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020reduced.pdf

Accomplishments – FY24

Illinois Suicide Prevention Alliance activities

- **The Illinois Suicide Prevention Alliance (ISPA)** met quarterly and discussed statewide suicide prevention efforts. Standing agenda items at the ISPA meetings included updates on suicide prevention-related legislation; adolescent suicide prevention ad hoc committee activities; 988 planning and implementation efforts from the Illinois Department of Human Services (IDHS); Governor's Challenge: To Prevent Suicide Among Service Members, Veterans, and their Families efforts led by IDHS; and updates from partners on suicide prevention activities. The alliance discussed and strategized on disseminating the Suicide Prevention Strategic Plan, the allocation of state funding received for suicide prevention activities, and welcomed 16 more board members. The alliance hosted several guest presenters from various organizations, including the Illinois Violent Death Reporting System, Southern Illinois University, North Central Farm and Ranch Stress Assistance, and the American Indian Health Center of Chicago.

FY21-23 Activities by state agencies *(listed alphabetically)*

- **Illinois Department on Aging (IDoA)** - In the current IDoA State Plan on Aging, the department emphasizes linking older adults to services that address behavioral and mental health concerns, combatting social isolation and loneliness, and fostering social connections within communities. Over the last year, an emphasis has been placed on trauma-informed care. This included training for all Area Agencies on Aging (AAA), adding trauma-informed language to Caregiver grants, and placement of trauma-informed care language in Older American Services Rules. Additionally, IDoA partnered with Northwestern Illinois University to review information on suicide and overdose deaths of older adults, which will be reviewed and included in the upcoming state plan.

  To address isolation issues, IDoA's Illinois Care Connections program provided assistive technology, tablets, and hotspots to older adults across the state to increase social connectedness and engagement. Between July 1, 2023, and June 30, 2024, IDoA and its partner, the Illinois Assistive Technology Program served more than 1,700 older adults.

  Through its AAAs, the IDoA supports activities and programming designed to promote physical, mental, social, and emotional well-being, such as congregate dining, senior centers, fitness classes, and support groups.

- **Illinois Department of Human Services (IDHS) –** Division of Substance Use Prevention and Recovery (SUPR) funded Prevention First to develop training and resources for treatment and prevention providers. These include the following to support suicide prevention efforts: two

Assessing and Measuring Suicide Risk trainings for treatment providers; eight Question, Persuade, Refer trainings for audiences who work with youth; three youth Mental Health First Aid trainings for adults working with youth; two adult Mental Health First Aid trainings for adults assisting adults; and two resources developed by the Youth Prevention Resource Center – Winter Break Survival Guide and How to Talk to a Friend About Suicide.

- **Illinois Department of Public Health (IDPH) –** IDPH received the Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022. Through this funding, IDPH was able to fund the expansion of depression screening in school-based health centers to Douglas County Health Center, technical assistance for suicide prevention efforts to DuPage High School District 88, timely referrals of students identified at-risk youth to AllianceChicago, and training to identify students at risk for suicide to Prevention First.

  IDPH worked with the Illinois Suicide Prevention Alliance subcommittees to create a series of webinars for September Suicide Prevention Month and May Mental Health Month, updated the IDPH suicide prevention webpage, and will assist on an on-going basis the recipients of the funding available from the Grant Lee Smith State/Trible Youth Suicide Prevention Grant. IDPH was also granted the Expansion of Comprehensive Suicide Prevention in the United States through the Centers for Disease Control and Prevention (CDC), which will focus on two disproportionately affected populations identified through morbidity and mortality data. The two disproportionately affected populations were identified as men 50 years of age and older in Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, McLean, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties and females aged 10-19 years. IDPH updated the injury, violence, and suicide data book to include the most up-to-date state suicide statistics.

  Additionally, through a partnership with the Illinois Department of Veteran's Affairs, IDPH has distributed more than 100,000 gun locks to community organizations. IDPH has also launched the "Pause to Heal" safe storage campaign to bring awareness to firearm restraining orders that can be obtained for firearm owners in crisis.

  Furthermore, IDPH participated in the Suicide Prevention Resource Center's (SPRC) yearly State Needs Assessment survey. This survey examines the suicide prevention infrastructure and capacity of U.S. states and territories. After the survey, the SPRC includes feedback and recommendations on each state's infrastructure and capacity for suicide prevention and allows each state to explore its standing with the rest of the U.S. states and territories and how to build further and strengthen suicide prevention.

  IDPH's regional medical coordinators have attempted to recruit emergency medical services medical physician directors to participate on the new regional Community Emergency Services and Support Act (CESSA) committees. CESSA is a new law that forms community strike teams to

assist law enforcement with mental health emergencies within local communities to reduce negative outcomes for community psychiatric and mental health emergencies.

- **Illinois Department of Veterans Affairs (IDVA) –** Senior Program Manager and Women Veteran's Coordinator Margo Watson discussed Suicide Prevention at the 95th American Legion's Annual Patriotic Conference, which more than 200 individuals attended.

- **Illinois State Board of Education (ISBE) –** In collaboration with IDPH, ISBE funded Question, Pursued, and Refer (QPR) gatekeeper and Assessing and Managing Suicide Risk (AMSR) training free of charge to school personnel through the Social and Emotional Learning (SEL) hubs. These trainings aimed to increase the capacity of school personnel at all levels, from cafeteria workers, to janitorial staff, and beyond, to assess and prevent suicide.

- **Illinois State Police (ISP) –** Employee Support Services (ESS) provides several internal and external resources to assist employees and family members in covering a range of topics, including chaplain, peer support, employee assistance, personal support programs, and critical incident stress management assistance. As critical incidents occurred throughout the year, the ISP and ESS team members reached out to impacted employees and shared information regarding ESS programs and resources available for line-of-duty deaths. Additionally, ESS provided information to personnel on mental health awareness, self-care activities, and seeking professional help if the symptoms persist over a prolonged period. ESS also provided resources during suicide prevention awareness month, including "My Mental Health: Do I Need Help?" and the contact information for the National Alliance for Mental Illness (NAMI) HelpLine.

  The ISP Division of the Academy and Training (DAT) began a 12-hour course on Integrating Communications, Assessment, and Tactics (ICAT), including a block of training on Suicide by Cop. The training program provides officers with the tools, skills, and options to successfully and safely defuse a range of critical incidents. DAT continues to conduct a 40-hour Crisis Intervention Training (CIT) program, where officers receive intensive training on recognizing and addressing individuals in the community who have a mental illness or other behavioral health crisis. The CIT training program is a specialized course for officers. Officers receive training in topics such as mental illness/signs and symptoms, co-occurring disorders, child and adolescent issues, medical conditions, psychotropic medications, law enforcement response, and legal matters. They also learn advanced communication and de-escalation techniques, partake in exercises, have an opportunity to participate in discussions with individuals who have a mental illness and their family members, and exercise their skills in realistic scenario role plays. Additionally, DAT offered officers online and in-person training on suicide prevention and wellness. ISP coordinated with the U.S. Department of Justice to deliver Suicide Awareness for Law Enforcement Officer Wellness training to front-line officers, mid-level supervisors, and command officer levels. The training provided officers with a better understanding of the risk factors and how to recognize warning signs and they shared several resources to promote wellness and treat unresolved issues. During the past year, the ESS Team and the DAT have taken a forefront approach by providing training and highlighting the programs for ISP employees and their family members. The goal was

to minimize the barriers for an employee, their family members, and the community seeking help if needed and to make the contact information readily available.

Activities by stakeholders during Suicide Prevention Month (September)

Each year, September marks the beginning of suicide prevention awareness month. During this time, ISPA stakeholders hold and participate in events with a focus on increasing awareness of suicide as a health risk and bringing to light efforts to reduce the impact of suicide.

Several stakeholders developed social media and public service announcement campaigns on Facebook, Instagram, YouTube, radio, and bus wraps. These campaigns included support for the National Suicide Prevention Hotline, the American Foundation for Suicide Prevention, and veterans at risk of suicide. Informational handouts were passed to businesses, including nail salons, barber shops, and gas stations, to increase awareness.

The training was presented to community members through stakeholder initiatives throughout the month. Individuals were trained as suicide gatekeepers through question, persuade, refer (QPR) training throughout various communities. Stakeholder training efforts were conducted both in person and virtually to accommodate efforts to minimize contact, continue social distancing efforts, and reach a wider audience.

ISPA stakeholders worked with colleges, universities, and other community organizations to host runs to raise awareness of suicide prevention across the state. In Adam's County, a local group organized a Jeep Glow event to memorialize those lost by way of suicide. Letters were also drafted to local clergy requesting suicide awareness be brought into church services. Multiple suicide awareness walks were coordinated throughout the state.

Marion Veterans Affairs Health Center held its first Veteran's Suicide Prevention Summit, with various presenters, including the director of the Illinois Department of Veterans Affairs and the deputy director of Crisis Operations. The keynote speaker was a former McCracken County Kentucky coroner.

Activities by stakeholders conducted through the fiscal year (as shared during ISPA meetings)

During ISPA meetings, stakeholders are invited to share information about their activities. Below is a summary of the work being done by stakeholders throughout the state.

The *Adams County Suicide Prevention Coalition* has developed a task force to provide emotional support to staff dealing with COVID-19-related anxiety and depression, potentially putting them at risk of suicide. More than 4,700 - 988 National Suicide Prevention Call Center stickers were distributed to schools to place on student ID cards so students could be aware of the resource. The coalition hosted the *Tristate Jeep Junkies* fundraiser, which raised $11,780. The coalition

sponsored an awareness campaign in the county that purchased bus wraps, media ads, and more that focused on suicide prevention. In partnership with Together Tri-State Veterans, the Adam's County coalition organized a Veterans' Advisory Commission, which discusses veteran-related issues within the county. The commission is strategically located within the same complex as the state senator and representative. The Veteran's Advisory Commission director presented to the Diversity, Equity, Inclusion, and Bbelongings Committee to establish a process by which they identify each admission's veteran status and determine if there is a need for a veteran advocate. The Adam's County coalition has developed a program called Thriving Minds, which is a joint project with two community organizations, Clarity Healthcare and Quincy Medical Group, which provide onsite mental health and substance abuse counselors to six area schools. Adam's County Coalition also purchased the My Ascension film and hosted showings throughout the tristate area.

The local Illinois chapter of the American Foundation for Suicide Prevention (AFSP) hosted an annual *Out of the Darkness Walk* and *Wellness Week* to help individuals experiencing feelings of loneliness and isolation. The Illinois chapter partnered with the Illinois State Police to provide training to recruits on suicide prevention, which take place every three months. The chapter held virtual trainings aimed at the prevention of suicide in women veterans, African Americans, Latinx, and LGBTQ+ communities.

The *American Indian Health Services of Chicago* provides culturally appropriate suicide prevention and mental health services to the American Indian population in the Chicagoland area. The American Indian Health Services held a gathering titled Lifting Our Spirits, which hosted community members discussing 988 services and the annual celebration of the crisis hotline. The American Indian Health Services also held a pow-wow called Every Child Matters to discuss suicide prevention and a youth camp for children ages 4 to 15 in collaboration with Chicago Public Schools.

Cicero School District 99 participated in Elyssa's Mission to screen 980 seventh graders and participated in the National Unity Day to promote bullying prevention and create positive learning communities with the message of being a buddy, not a bully. Cicero School District 99 will be hosting its eighth School-Based Mental Health Roundtable in partnership with Sustainable Mental Wellness and Riveredge Hospital with a variety of breakout sessions on Mental Health Supports through the multi-tiered system of support lens and partnering with community agencies.

The *International Association of Firefighters and Advanced Recovery Systems* held a free one-day conference in Peoria on raising resilience, recovery, adapting, and growth through adversity. The focus was on first responders.

Jared's Keeper's Foundation started a program called Feeding Our Families, which is servicing four counties in central Illinois, and is teaching 5th through 12th graders how to cook basic foods and to foster connectedness. Jared's Keepers was invited to an orthodontics office in Springfield

to train the staff, and she provided funding to four school districts in central Illinois to attend the 2024 Crisis Intervention Team Conference in Indianapolis.

Loyola University Chicago Marcella Neiehoff School of Nursing added two sessions about suicide risk and prevention to the curriculum for graduate nurse practitioners. Loyola is also participating in a five-year study by the University of Pennsylvania to evaluate the mental and physical health of nurses across the country. From this study, research assistants were trained on suicide risk and prevention using the Columbia Suicide Severity Rating Scale and safety planning measures.

The Naomi Ruth Cohen Institute held its 22nd annual community mental health conference focused on professionals, community members, and mental health in the workplace. The institute continued to offer several trainings, including QPR gatekeeper and mental health first aid. Additionally, the institute partnered with the city of Evanston to hold an Emergency Preparedness Resource fair, which offered training that was specific to the military, veterans and their families, higher education, older adults, fire, EMS, public safety, and corrections.

National Alliance for Mental Illness, Illinois Chapter (NAMI-IL), worked toward bringing awareness to mental health and to reducing stigma. NAMI-IL has continued to collaborate with the Illinois Parent Teach Associations to build and expand capacity within the *End the Silence* Program, which serves high school and junior highs. Additionally, NAMI-IL partnered with the Illinois State Police to provide training to their workforce. NAMI-IL partnered with Prevention First to identify mental health training programs across the state to identify gaps in the strengthening of suicide prevention and programming. The Illinois chapter held a "Stronger Together" conference that welcomed nearly 200 participants, presenters, and supporters. Furthermore, NAMI-IL was involved in a Senate subject hearing about suicide and mental health challenges facing Black Illinoisans.

Soul Survivors of Chicago contracted with CanTV to support a television show titled "Breaking the Silence," which hosts guests to discuss suicide, mental health, prevention, and silencing the stigma within the Black community. Soul Survivors also developed a documentary called "While the Children Fade," which spotlights three Black women who have lost their children by way of suicide. Additionally, Soul Survivors partnered with various businesses, including gas stations, nail shops, and barbers, to distribute flyers and other media to spread awareness of available resources. Furthermore, Soul Survivors partnered with Crossroads Adult Transition Center to provide information during their orientation regarding mental health and suicide prevention. This program involves inmates who have less than 24 months in their sentence.

The University of Chicago, which was funded by IDPH, hosted a variety of Extension for Community Health Outcome (ECHO) for Workforce Development training series, which focused on educating behavioral health providers and primary care providers in implementing tools and best practices to support suicide prevention.

Veteran's Affairs Bob Michel Hospital put on several events, such as the *Race to End Veteran Suicide*, in collaboration with Richland Community College. The hospital also hosted a clinical day focusing on crisis intervention and advanced safety planning. Additionally, the hospital partnered with the University of Illinois Police Department to provide mental health crisis intervention programming. Furthermore, the hospital held its annual Veteran Partnership Meeting with a focus on post-traumatic stress disorder and dementia in the veteran population. The hospital also joined the Illinois Farmer Veteran Coalition.

Conclusion

The Illinois Suicide Prevention Alliance is committed to suicide prevention in Illinois and improving the mental health and well-being of the state's residents. As required by Public Act 095-0109, the alliance is dedicated to overseeing the implementation of the Illinois Suicide Prevention Strategic Plan.

Next steps

Over the next five years, the alliance seeks to develop and enhance comprehensive suicide prevention, early intervention, and postvention programs and services throughout Illinois, building vital support across diverse communities.

The following initiatives are recommended next steps in carrying out the goals of the Illinois Suicide Prevention Strategic Plan, pending legislative funding:

* **Develop Resources to Implement the Activities Outlined in the Suicide Prevention, Education, and Treatment Act, including the Establishment of State Funding Dedicated to the Prevention of Suicide.**

* **Integrate Suicide Prevention Strategies Within Other Federal, State, and Local Initiatives Addressing Individuals Throughout the Lifespan.**

* **Increase Illinois' Systems Ability to Integrate Suicide Prevention Strategies Addressing Individuals Throughout the Lifespan.**

* **Increase Support and Expansion of 9-8-8 Implementation, Emergency Mobile Crisis Response Teams, and Stabilization Units.**

* **Support, Enhance, and Expand Activities and Programs Aimed at Reducing Access to Lethal Means of Suicide Throughout Illinois, especially for those most at risk.**

* **Develop and Evaluate Five Model Suicide Prevention Comprehensive Pilot Programs when funds are appropriated (three-year programs) -** To develop and to evaluate five model, comprehensive programs statewide that include suicide prevention, intervention, and postvention to provide replicable, evidenced-based outcomes that other communities and service providers can use with adaptations.

* **Implement a Suicide Prevention, Early Intervention, and Training Initiative Aimed at All Aspects of the Lifespan -** To provide the following specific services:
    1) To develop and enhance community gatekeepers' capacity statewide through community-based mini-grants to increase suicide prevention and early intervention skills.
    2) To assess the state's current capacity and network of crisis lines.
    3) To enhance professional development abilities among multiple disciplines, especially mental health, social service, clergy, first responders, and school personnel through a statewide conference on suicide prevention.
    4) To develop, to enhance, and to support suicide prevention education throughout higher education curricula in professions that have the opportunity to assess or intervene in an

individual's mental health status and suicidal intentions, including, but not limited to, social workers, teachers, and medical professionals.

* **Continue to Implement the Suicide Prevention Public Awareness Campaign -** To support and to expand the statewide public awareness campaign to reduce the stigma of suicide; to increase awareness of risk factors, including mental illnesses; and to promote linkage to human services for at-risk individuals.
    i) Mini-grants to implement the campaign at the local level.
    ii) Encourage agencies to promote the campaign within their initiatives.
    iii) Focus on individuals throughout the lifespan.

* **Develop and Implement a Suicide Prevention Community Outreach Initiative Including Diverse Groups Throughout the Lifespan -** To build capacity across the state to promote local suicide prevention efforts by building/expanding new effective and efficient coalitions and partnerships.
    i) Develop and support workplace wellness and workplace development programs that support, expand, and retain behavioral health personnel and those involved in suicide prevention efforts.

* **Improve and Implement Suicide Prevention School-based Initiatives -** To support and to build the following school-based initiatives:
    i) Professional development related to suicide prevention.
    ii) Assist school districts to develop and to implement suicide prevention initiatives within their curricula, increase in-school mental health support, conduct staff development, and educate students and parents/other caregivers.
    iii) Expand youth-based initiatives within schools, higher education, juvenile justice, and correctional settings.

1) **Improve Suicide Prevention Data Collection and Analysis -** To provide the following services:
    i) Maintain, expand, and support the Illinois Violent Death Reporting System (IVDRS) statewide to collect more effective and accurate data on suicide deaths in all counties.
    ii) Work with an epidemiologist to analyze suicide attempt data statewide, to train providers on how to collect better data, and to provide reports on data by county.

2) **Support Suicide Prevention Evaluation and Research -** To support research-based evaluation methods and technical assistance to plan for replication of suicide prevention efforts according to outcome measures.
    i) Support Suicide Prevention Research Related to the Effects of the COVID-19 Pandemic

Illinois Suicide Prevention Alliance (ISPA)
Members in FY24

Suicide is a complex issue with multiple, interrelated causes rooted in both the individual and the environment. One agency cannot address this complex issue, so it is essential to develop collaboration between agencies. The alliance embraced this approach, which is reflected in the multidisciplinary membership.

APPOINTED MEMBER	**REPRESENTING:**	**AGENCY**
Jenna Farmer-Brackett	Suicide Prevention Program serving rural communities	Centerstone
Chuck Johnson	Illinois Hospital Association	Blessing Hospital System
Amber Clark	Representing veteran services	Illiana U.S. Department of Veteran's Affairs
Eric Davidson	Higher education	Eastern Illinois University
Tom Howard	First Responder Professions	
Kim Godden	First Responder Professions	Superior Ambulance
Angie Thinnes	Attempt Survivors and consumers of mental health services	
Ashley Mullins	Attempt Survivors and consumer of mental health services	
Steven Lomelino	Attempt Survivors and consumers of mental health services	
Michael McCarter	First Responder Professions	
Hannah Jordan	Representing veteran services	
Beth Morrison	Suicide Prevention Organization	American Foundation for Suicide Prevention
Andy Wade	Promoting the Improvement of Mental Health Treatment	NAMI Illinois
Christopher Balthazar	LGBTQ+	Taskforce Prevention and Community Services
Deb Martin	Survivors of Suicide Loss	Jared's Keepers
Rafiah Maxie-Cole	Survivors of Suicide Loss	Soul Survivors of Chicago
Sarah Horrell	Survivors of Suicide Loss	
Cynthia Paidipati	Researcher in Suicidology	Loyola University

Ex-Officio Members

Teresa Glaze	Illinois Department of Human Services, Division of Mental Health

Julia Strehlow	Illinois State Board of Education
Brian Kieninger	Illinois Department of Public Health
Dana Wilkerson	Illinois Department on Aging
Marcus Gipson	Illinois State Police
Melvin Hinton	Illinois Department of Corrections
Erin Alexander	Illinois Department of Children and Family Services
Alda Leavy-Skinner	Illinois Criminal Justice Information Authority
Margo Watson	Illinois Department of Veterans Affairs
Kourtney Hopkins	Illinois Department of Veterans Affairs
Samantha Alonis	Illinois Department of Human Services: Division of Substance Use Prevention and Recovery
Jill McCamant	Illinois Department of Public Health, Division of Emerging Health Issues, Office of Health Promotion, Violence, and Injury Prevention Section

THE FOLLOWING PEOPLE PARTICIPATED IN A FULL ALLIANCE MEETING OR WORKGROUP MEETING

STAKEHOLDERS	**AGENCY**

Aaron Lenaghan, DuPage High School District 88
Abbie Lee
Abbie Herndren
Addie Collins, Carle Health
Alena Edwards, DuPage High School District 88
Anna Maria Ros, PhD, Clinical Psychologist at Ann & Robert H. Lurie Children's Hospital of Chicago
Amanda Minor, Douglas County Health Department
Amanda Hosey
Amber Clark, Community Engagement Partnership Coordinator, Illiana U.S. Department of Veterans
Amit Thaker, Referral GPS
Andy Wade, National Alliance on Mental Illness, Illinois
Angela Chien, Lead Suicide Prevention Coordinator, Edward Hines U.S. Department of Veterans Affairs
Angie Thinnes, Thresholds Community Mental Health Center
Ann Wiringa, Epidemiology, Illinois Department of Public Health
Anna Maria Ros, PhD, Clinical Psychologist at Ann & Robert H. Lurie Children's Hospital of Chicago
Anthony Dillard, Elgin Mental Health Center
Antigone Kouvelis, Project Manager, Illinois Violent Death Reporting System and State Unintentional Drug Overdose Reporting System, Northwestern University
Beth Morrison, American Foundation for Suicide Prevention, Southern Illinois University Carbondale

Bonnie Hassan, Trinity Services, Inc.
Brian Frejo, American Indian Health Services of Chicago
Brian Kieninger, Region 3 EMS Coordinator, Illinois Department of Public Health, Division of EMS and Highway Safety
Brook Morgan
Caleigh Parsley
Carrie McWaters, Hines VA Hospital
Casey McClain
Christopher Balthazar, Taskforce Prevention and Community Services
Chuck Johnson, Blessing Hospital
Coleen Moore, Behavioral Health Clinic at Marcfirst
Crystal Watts
Crystal Womack, Illinois Department of Veterans Affairs
Cynthia Gourneau, American Indian Health Service of Chicago
Cynthia Paidipati, Clinical Assistant Professor, School of Nursing, Loyola University Chicago
Dale Horaz, Program Manager, Crisis Services, Marion Illinois Veteran's Affairs
Dana Wilkerson, Illinois Department on Aging
Daniel Johnson, Professor of Pediatrics, University of Chicago, Founder and Director of Extension for Community Health Outcomes Chicago
Daniel Maziarz
Dayse M. Brenes Villela
Deb Martin, President and Co-Founder, Jared's Keepers
Denise Bradly, Madison County Mental Health Board
Eric Davidson, Executive Director Health and Counseling Service, Director Illinois Higher Education Center for AODV Prevention, Eastern Illinois University
Graham Briggs, State Epidemiologist, Illinois Department of Public Health
Guadalupe Naraez
Jack Rein, Director of MTSS Cicero District 99
Jacqueline Lowry, Northern Kentucky University, Doctorate of Nurse Practitioner Student
Janeth Barba, Family Services Association, Elgin
Jen Schulz, Centerstone
Jenna Farmer-Brackett, Centerstone
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics
Jennifer Martin, Injury Prevention Project Manager, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues, Violence, and Injury Prevention Section
Jenniffel Ramirez
Jessica Green, Graduate Intern, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues, Violence, and Injury Prevention Section
Jessica Smiley, Heritage Behavioral Health Center

Jessie Heise, Jesse Brown U.S. Department of Veterans Affairs
Jill McCamant, Suicide Prevention Coordinator, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues, Violence, and Injury Prevention Section
John Stallworth, School Health Nurse Consultant, Illinois Department of Public Health, Office of Women's Health and Family Services
Judy King, Community Mental Health Board of Chicago
Julia Howland, Child and Adolescent Epidemiologist, Illinois Department of Public Health
Julia Strehlow, Illinois Board of Education
Karen Lee, Extension for Community Health Outcomes Chicago, University of Chicago
Karen Leavitt Stallman, Farm Family Resource Initiative
Kathy Carey, DuPage County Health Department
Kathy Knawa, Flossmoor District 161
Katie Conklin
Katie Gallant
Katie Kelly, Illinois Violence Death Reporting System
Kelly Vrablic, Illinois Department of Public Health, Office of Women's Health, and Family Services
Kim Kaczor
Kimberly Godden, Illinois State Ambulance Association/ Superior Ambulance
Kira Berkoff, Hope for the Day
Lee Ann Reinert, Deputy Director, Illinois Department of Human Services, Division of Mental Health, Policy, Planning, and Innovation
Leia Der, DuPage County Health Department
Liz Gonzalez, AllianceChicago
Loreine Boleyjack
Lorenzo Webber, Director of Youth Services, Proviso Township
Louis Weber, Illinois State Police
Lucy Craycroft, Social Service Program Planner, Illinois Department of Human Services Division of Mental Health, Policy, Planning, and Innovation
Marcus Gipson, Illinois State Police
Margarita Gonzalez
Margot Cepeda, Marion Illinois U.S Department of Veterans Affairs Medical Center
Marilyn Green, Regional Health Officer, Illinois Department of Public Health
Mark Reinecke, Emeritus Professor
Maryann Mason, Northwestern University
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Melissa Stalets, Deputy Director, Illinois Department of Public Health, Office of Health Promotion

Melvin Hinton, Illinois Department of Corrections

Michael Deschamps, Illinois Department of Health Services, Substance Use Prevention and Recovery

Michelle Langlois, Jesse Brown U.S Department of Veterans Affairs, Suicide Prevention Program

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Olapeju "Paige" Lawal, Illinois Department of Public Health, School Health Nurse Consultant

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Pedro Medina, Illinois Department of Public Health, Division of Emerging Health Issues

Rafiah Maxie, Soul Survivors of Chicago

Randyl Wilkins, Mental Health and Youth Engagement Specialist at Prevention First

Renee Mays

Samantha Alonis, Deputy Director, Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

Sarah Horrell

Sarah Littrell, Illinois State Board of Education

Sarah Patrick, Division Chief, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues

Sarah Peterson, Carle Health Methodist School Based Clinic, Peoria

Sarah Reed

Sarah Schroeder, Illinois Department of Human Services, Division of Mental Health

Sarina Thate OThurjwahe DiMaso, American Indian Health Services of Chicago

Shalisha Hill, Proviso Township, Youth Services Department

Shelly Sital, AllianceChicago

Stacey Hoferka, Epidemiologist, Illinois Department of Public Health, Office of Policy, Planning, and Statistics, Division of Patient Safety and Quality

Stephanie Doss, Peoria School-Based Health Center

Steven Lomelino

Steve Moore, Illinois Chapter of the American Foundation for Suicide Prevention

Tandra Rutledge, Soul Shop

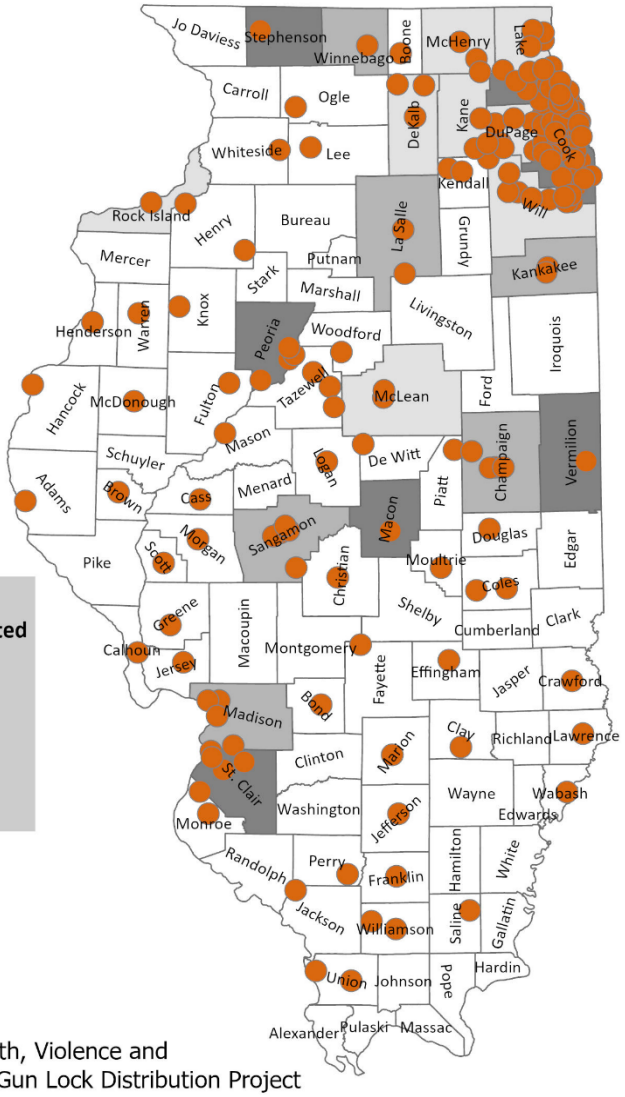
Teresa Glaze, Statewide Chief of Social Work, Illinois Department of Human Service, Division of Mental Health

Tim Albores, Plainfield School District

Tom Howard
Tony Ohlhausen, Director of Research and Policy, National Alliance on Mental Illness
Tracy Levine, Executive Director, Naomi Ruth Cohen Institute for Mental Health Education
Trang Pham-Smith, Advocate Children's Hospital
Valencia Williams, Behavioral Health Director, American Indian Health Services of Chicago
Valerie Mynat
Yoli Holmes, Administrator of Mental Health Resource Center, Prevention First

Appendix 1: Cable Gun Lock Distribution Map

Distribution of Cable Gun Locks Overlaid with Age-Adjusted Rates of Firearm-Related Deaths by County, Illinois, July 1, 2023 - June 30, 2024



Thank you to the U.S. Department of Veteran Affairs for their support in suppling the cable gun locks.

Gun Lock Distribution

Age-Adjusted Rates of Firearm-related Deaths per 100,000 for 2021

- Suppressed
- 0.00 - 9.73
- 9.73 - 18.56
- 18.56 - 30.16

103,600

Total Number of Locks

Data Source:

* Gun Lock Data
Illinois Department of Public Health, Violence and Injury Prevention Section (VIPS) Gun Lock Distribution Project Data

* Age-Adjusted Rates of Firearm-related Deaths (2021)
National Center for Injury Prevention and Control, CDC
Accessed on January 2024

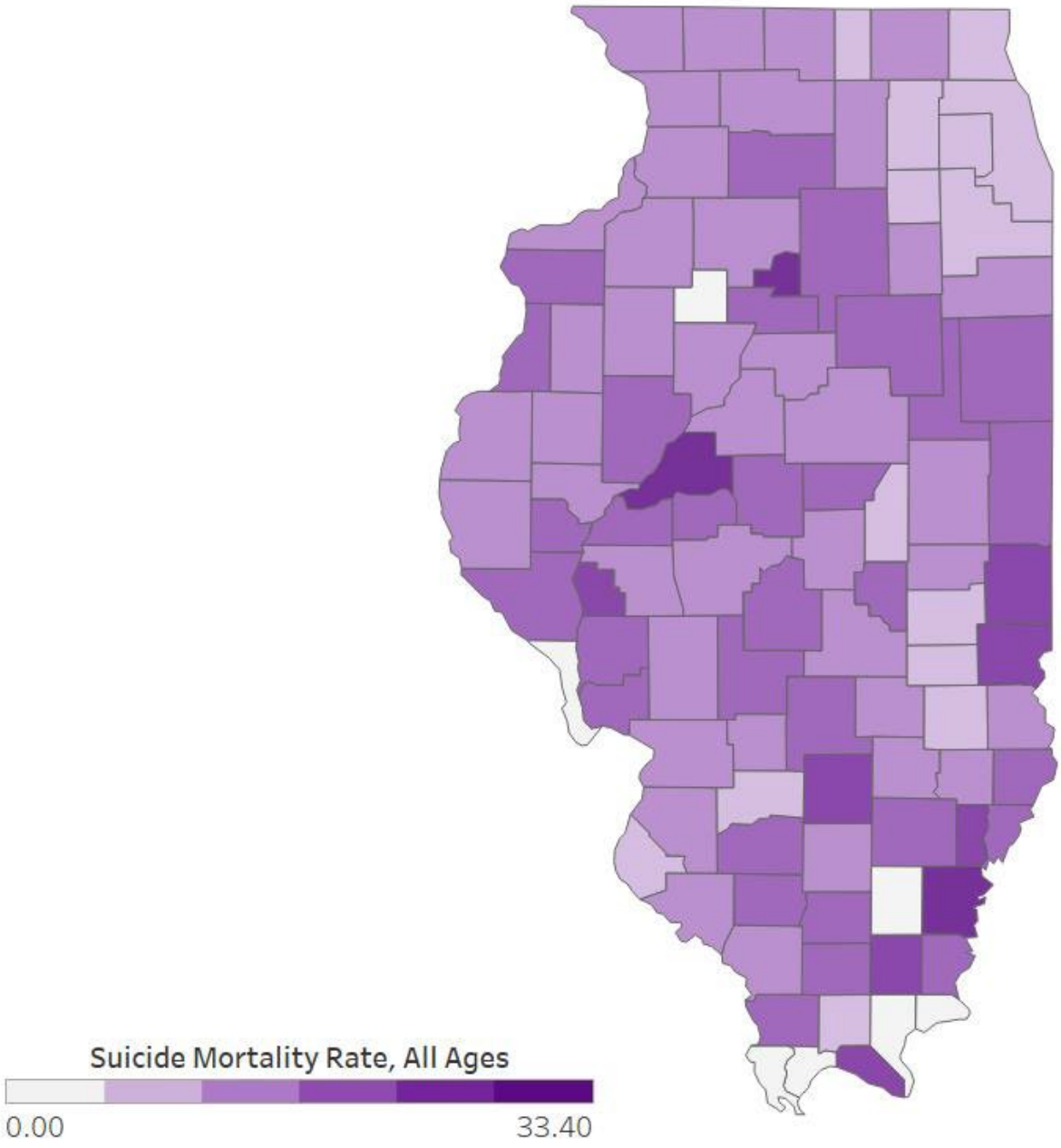
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Unstable Age-Adjusted Rates of Firearm-related Deaths
Carroll, Clay, Cumberland, DeKalb, Edwards, Fayette, Ford, Gallatin, Hamilton, Henderson, Jasper, Jo Daviess, Kankakee, LaSalle, McHenry, McLean, Mercer, Moultrie, Pike, Pope, Pulaski, Putnam, Richland, Rock Island, Schuyler, Scott, Stephenson

Appendix 2: Illinois Suicide Data

Illinois Suicide Mortality Rate Maps by County, 2013-2021

Figure 2[6]: Illinois Age-Adjusted Suicide Mortality Rate by County, All Ages, 2013-2021

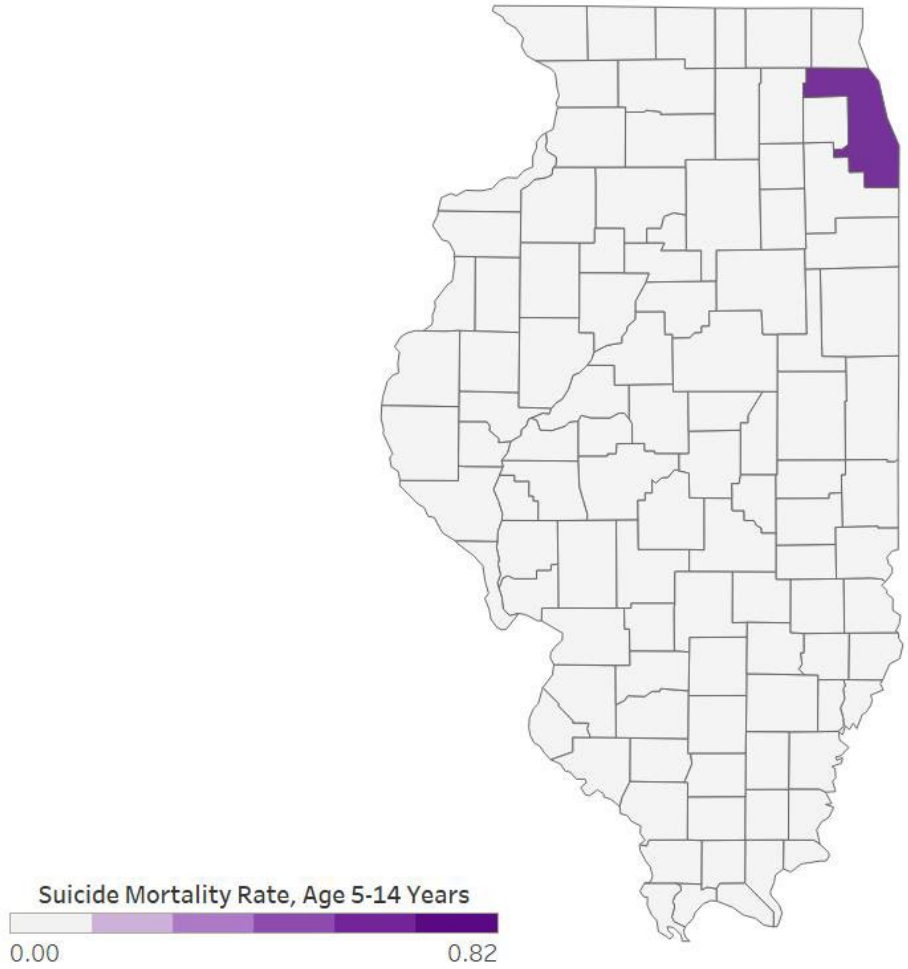


*__Note:__ Age-adjusted rate per 100,000 calculated using the total of all suicides by age group in Illinois from 2013 through 2021-, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[6] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Figure 3[7]: Illinois Age-Specific Suicide Mortality Rate by County, Age 5-14 Years, 2013-2021

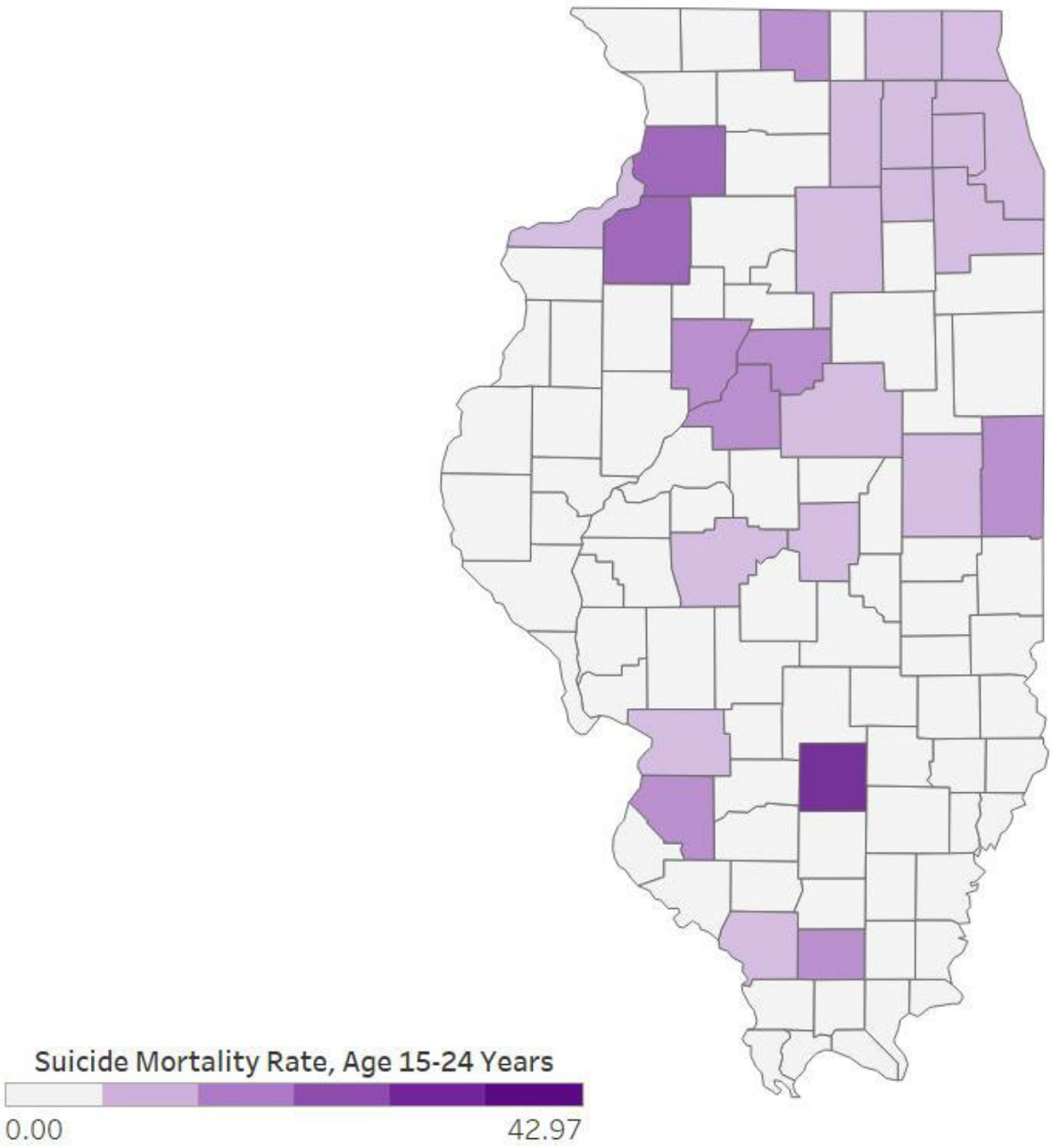
***Note:** Age-specific rate per 100,000 calculated using the total of all suicides by age group in Illinois from 2013 through 2021, and



10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[7] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

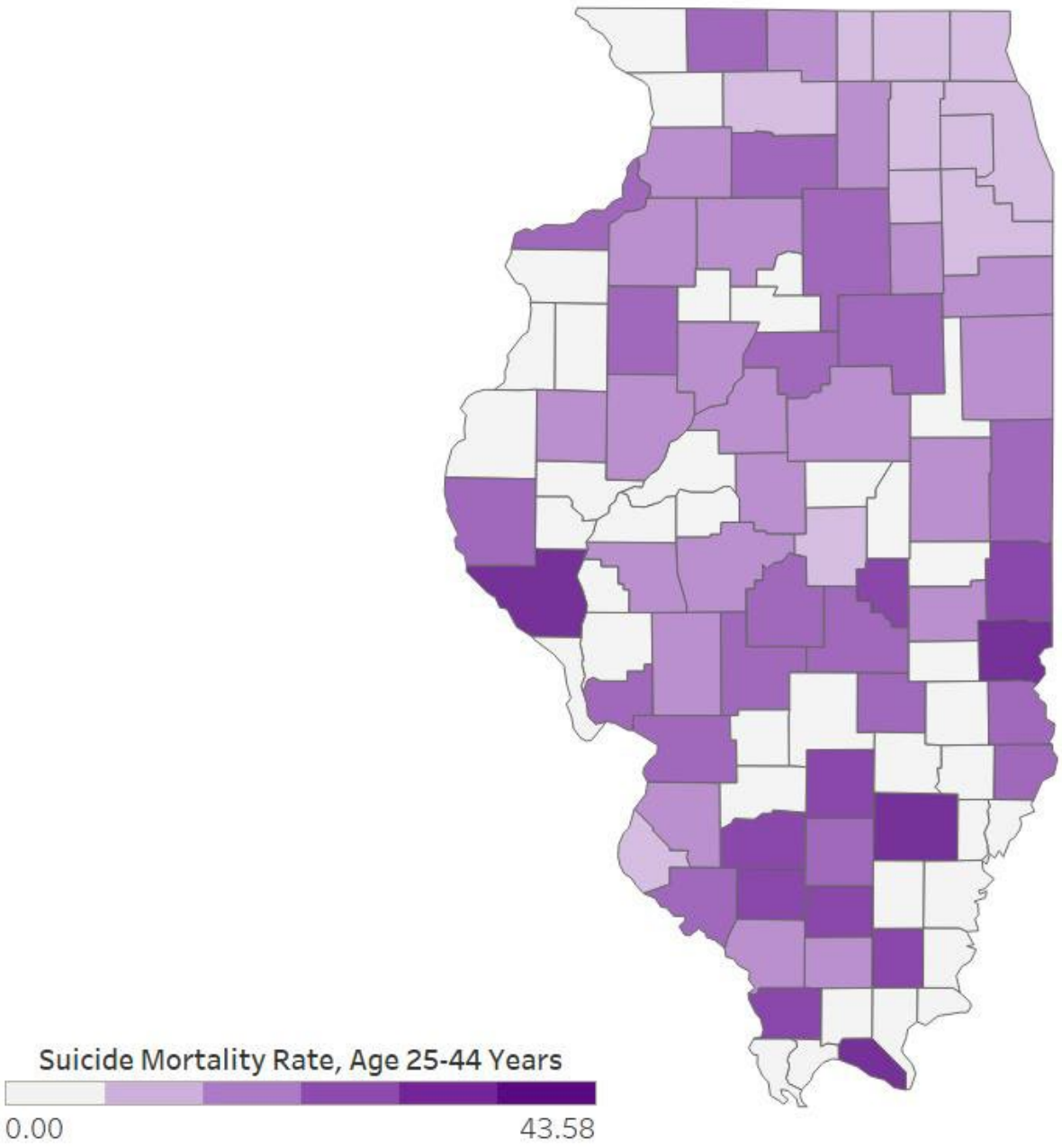
Figure 4[8]: Illinois Age-Specific Suicide Mortality Rate by County, Age 15-24 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using a total of all suicides by age group in Illinois from 2013 through 2021, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[8] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

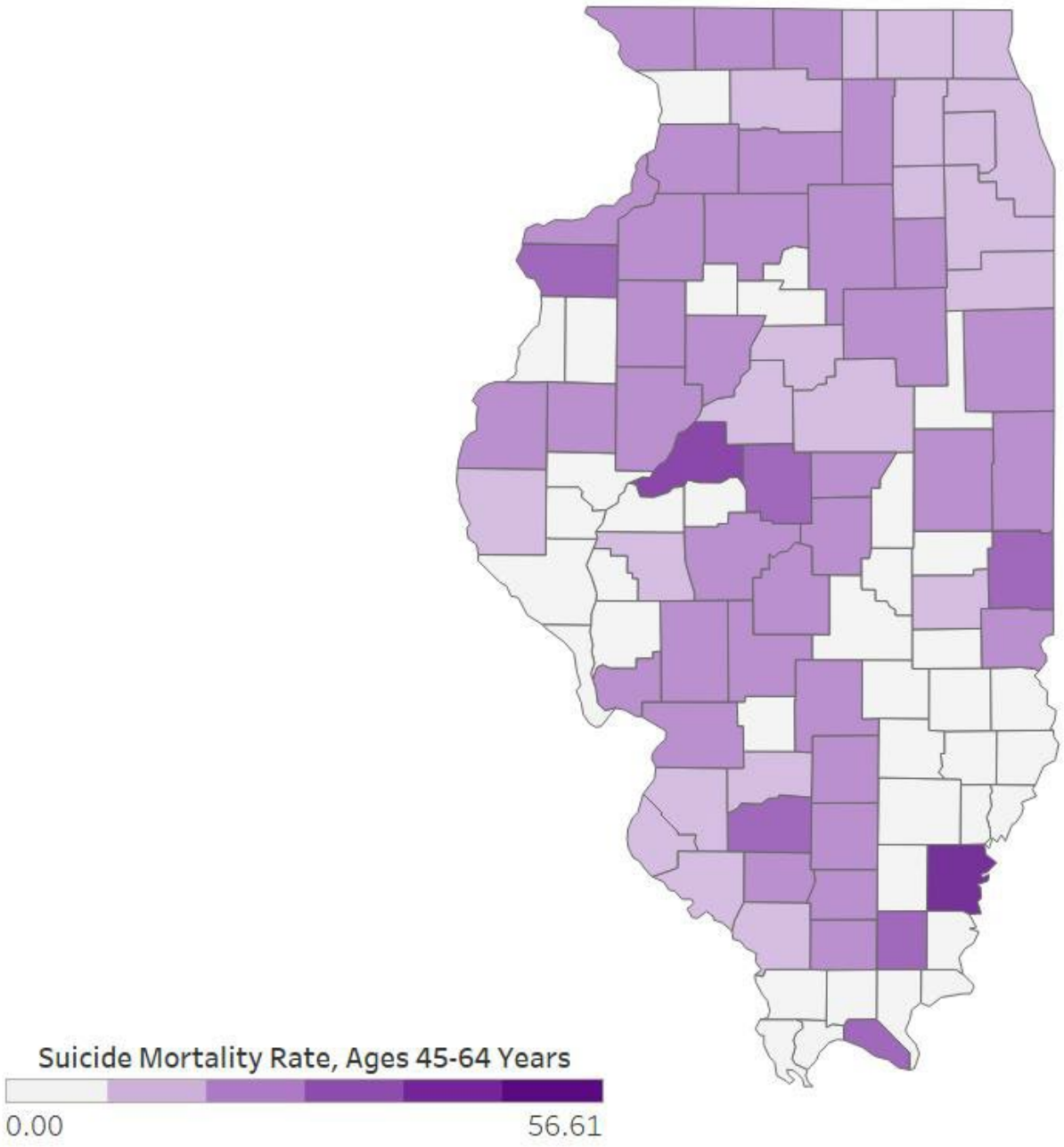
Figure 5[9]: Illinois Age-Specific Suicide Mortality Rate by County, Age 25-44 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using a total of all suicides by age group in Illinois from 2013 through 2021, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[9] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

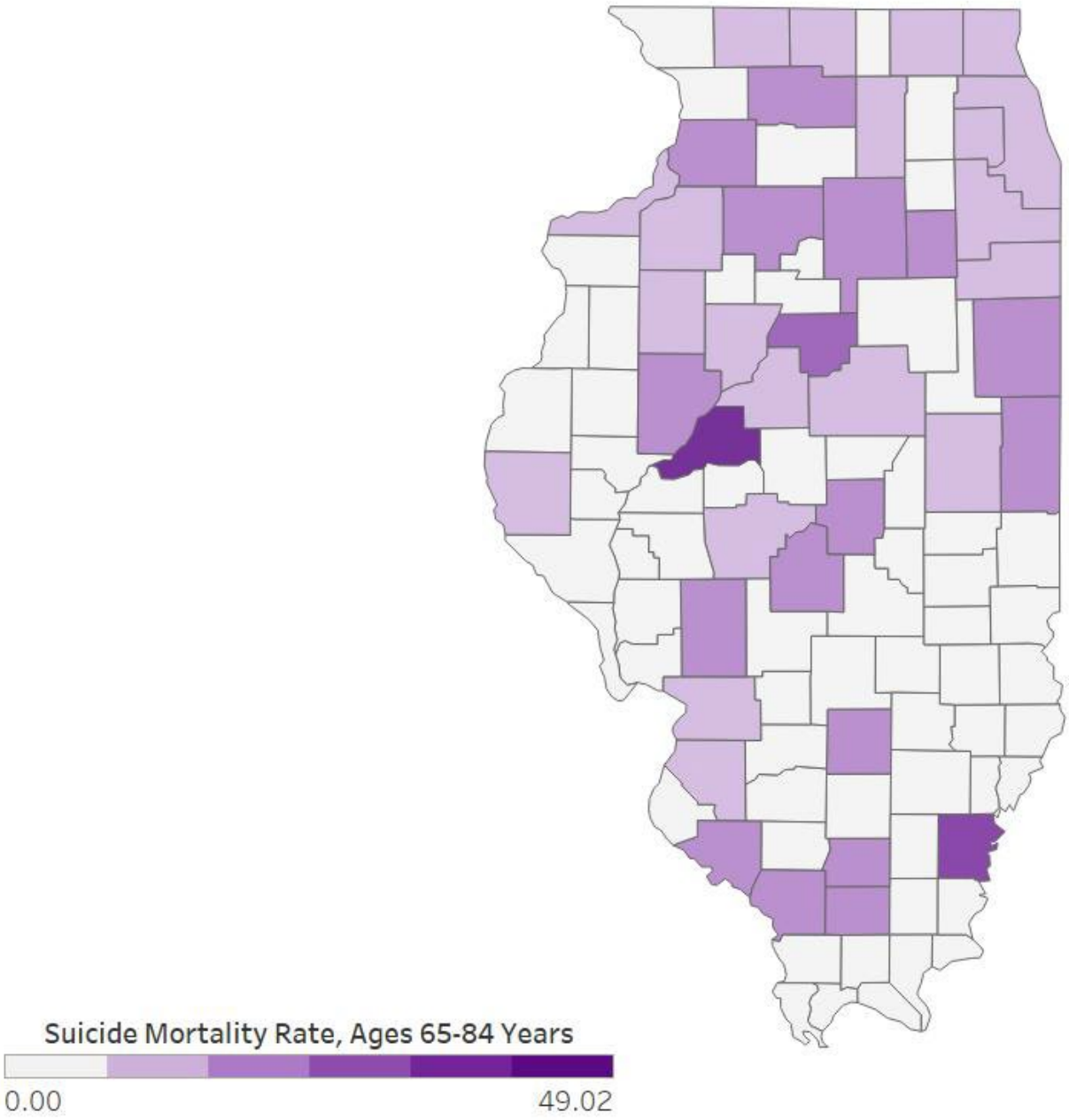
Figure 6[10]: Illinois Age-Specific Suicide Mortality Rate by County, Age 45-64 Years, 2013-2021



***Note:** Age-specific rate per 100,000 calculated using a total of all suicides by age group in Illinois from 2013 through 2021, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[10] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

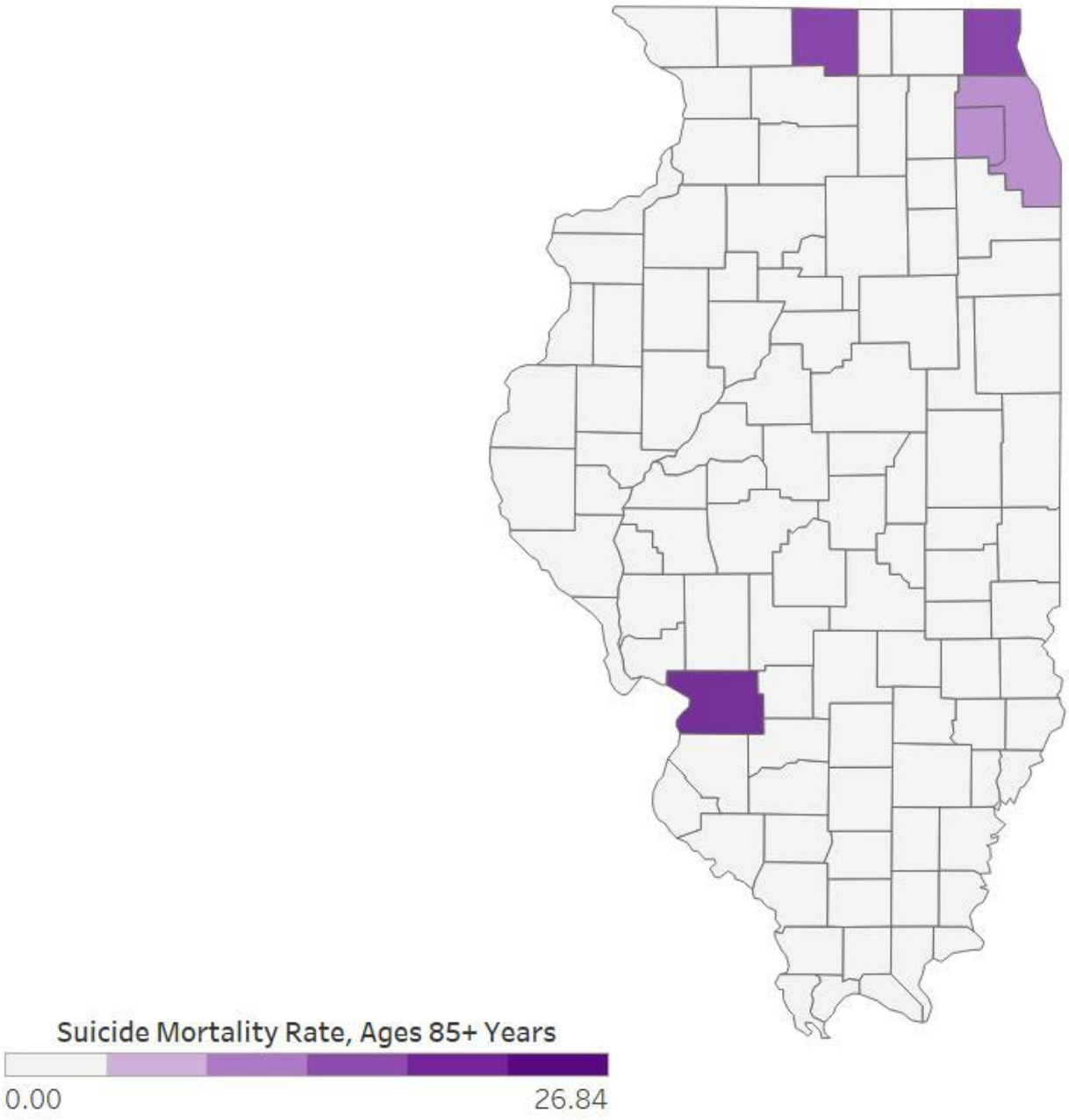
Figure 7[11]: Illinois Age-Specific Suicide Mortality Rate by County, Age 65-84 Years, 2013-2021



*__Note:__ Age-specific rate per 100,000 calculated using a total of all suicides by age group in Illinois from 2013 through 2021, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[11] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Figure 8[12]: Illinois Age-Specific Suicide Mortality Rate by County, Age 85+ Years, 2013-2021



*__Note:__ Age-specific rate per 100,000 calculated using a total of all suicides by age group in Illinois from 2013 through 2021, and 10 times Illinois' 2000 population data to adjust for 10 years of suicide mortality data. Rates suppressed for cell sizes less than 10 deaths. Created August 2023.

[12] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Cost of Suicide and Self-Harm Injuries and Fatalities

The costs of suicide fatalities in Illinois were assessed using 2020 USD through the CDC's Cost of Injury data module. Based upon 1,533 suicide deaths in Illinois in 2022, associated medical costs made up $8.03 million of the combined $16.35 million cost. However, the costs associated with self-harm and suicide are not limited to deaths.

Illinois-specific cost data was unavailable for nonfatal self-harm-related emergency department visits and hospitalizations through the CDC's Cost of Injury data module. In 2022, national costs exceeded $4.42 billion and $26.95 billion, respectively.

Table 3[13]: Cost of Fatalities, Illinois, 2022*

Intent	Deaths	Total Medical Cost	Total Value of Statistical Life	Combined Cost
Suicide	1,533	$8.03 M	$16.34 M	$16.35 M

Table 4[14]: National Cost of Self-Harm ED Visits, 2022*

Intent	Cases	Medical Cost	Work Loss Cost	Quality of Life Loss Costs	Combined Cost
Self-Harm	183,566	$1.86 B	$179.67 M	$2.37 B	$4.42 B

Table 5[15]: National Cost of Self-Harm Hospitalizations, 2022*

Intent	Hospitalizations	Medical Costs	Work Loss Costs	Quality of Life Loss Costs	Combined Cost
Self-Harm	334,409	$12.32 B	$3.28 B	$11.35 B	$26.95 B

*Abbreviations: $B = Billions; $M = Millions; ED = Emergency department. Currency year and time horizon: Costs are 2020 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the one year following the ED injury visit. State-level cost estimates were unavailable for non-fatal visits.

[13] **Data Sources**: Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data. Accessed July 2024.
[14] **Data Sources**: Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data. Accessed July 2024.
[15] **Data Sources**: Centers for Disease Control and Prevention WISQARS™ Cost of Injury Data. Accessed July 2024.

Suicide-Related Injury Deaths in Illinois

Suicide deaths comprised 19.5% of all Illinois injury-related deaths in 2013 but comprised 14.7% of all injury deaths reported for 2022 (Table 6). Between 2013 and 2022, the total injury deaths in Illinois increased by 54.4% from 6,785 deaths in 2013 to 10,473 deaths in 2022. Over that same time, the number of suicide deaths increased by 16.7%, from 1,321 in 2013 to 1,541 in 2022.

Table 6[16]: Injury Mortality Counts in Illinois by Intent, 2013 and 2022*

Intent	2013	2022
Total Injury Deaths	6,785 (100%)	10,473 (100%)
Accident	4,510 (66.5%)	7,485 (71.5%)
Suicide	1,321 (19.5%)	1,541 (14.7%)
Homicide	792 (11.7%)	1,310 (12.5%)
Undetermined	146 (2.2%)	122 (1.2%)
Legal Intervention/War	16 (0.2%)	15 (0.1%)

*The percent of all injury deaths in each calendar year is reported in parentheses immediately after the counts of injury-related deaths for each intent.

The mechanism of suicides in Illinois has also changed (Table 7). In 2013, 37.5% of all Illinois suicide deaths were caused by firearms. By 2022, that percentage had increased to 46.0% of all suicide deaths. Poisonings, alternatively, have decreased as a mechanism of suicide in Illinois. In 2013, poisonings had contributed to 19.2% of all injury deaths in Illinois. In 2022, poisonings resulted in 12.7% of Illinois suicide deaths.

Table 7[17]: Suicide Mortality Counts in Illinois by Mechanism, 2013 and 2022*

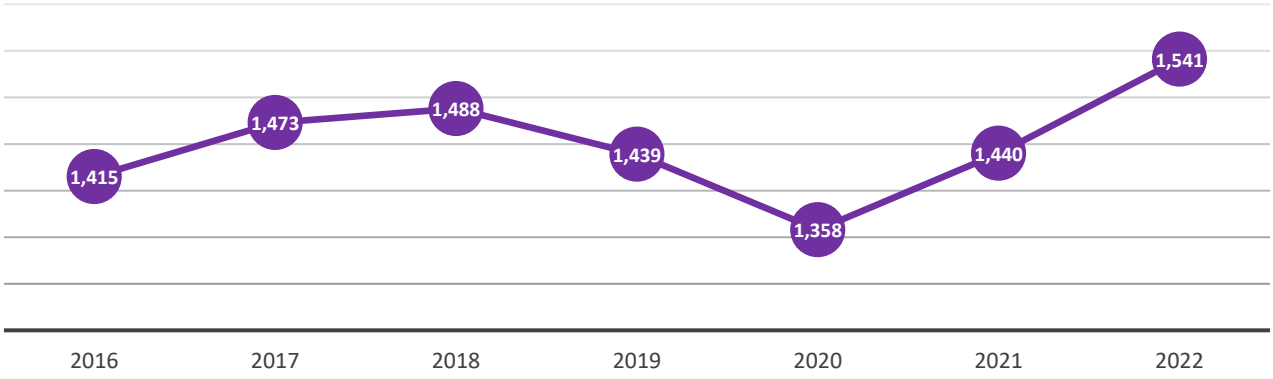
Mechanism	2013	2022
Total Suicide Deaths	1,321 (100%)	1,541 (100%)
Firearm	496 (37.5%)	709 (46.0%)
Suffocation	435 (32.9%)	463 (30.0%)
Poisoning	253 (19.2%)	196 (12.7%)
Cut/Pierce	30 (2.3%)	44 (2.9%)
Fall	38 (2.9%)	44 (2.9%)
Drowning	21 (1.6%)	13 (0.8%)
Fire/Hot Object or Substance	**	**
All Other Suicides	46 (3.5%)	66 (4.3%)

*The percent of all suicide deaths by mechanism in each calendar year is reported in parentheses immediately after the counts of suicide by mechanism.
**Counts are suppressed when count < 10.

The total number of suicide deaths fell from 1,488 in 2018 to 1,358 in 2020 but rose 13.5% to 1,541 in 2022 (Figure 9).

Figure 9[18]: Total Number of Suicide Deaths in Illinois, 2016-2022*

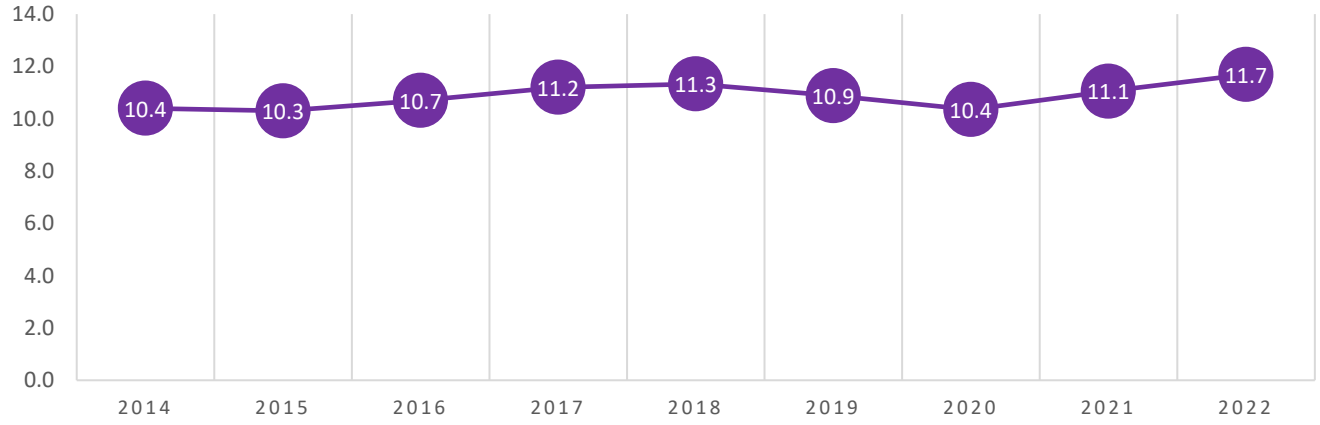
[16] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning and Statistics. Illinois Vital Records Data. Obtained August 2023.
[17] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning and Statistics. Illinois Vital Records Data. Obtained August 2023.
[18] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning and Statistics. Illinois Vital Records Data. Obtained August 2023.



*Illinois, all ages, all races, all ethnicities, all genders. 2022 data provisional.

The overall age-adjusted suicide rate among Illinois residents has increased by 12.4% between 2014 and 2022, from 10.4 per 100,000 persons in 2014 to 11.7 per 100,000 persons in 2022 (Figure 10).

Figure 10[19]: Illinois Overall Age-Adjusted Suicide Rate per 100,000 Persons, 2014-2022*

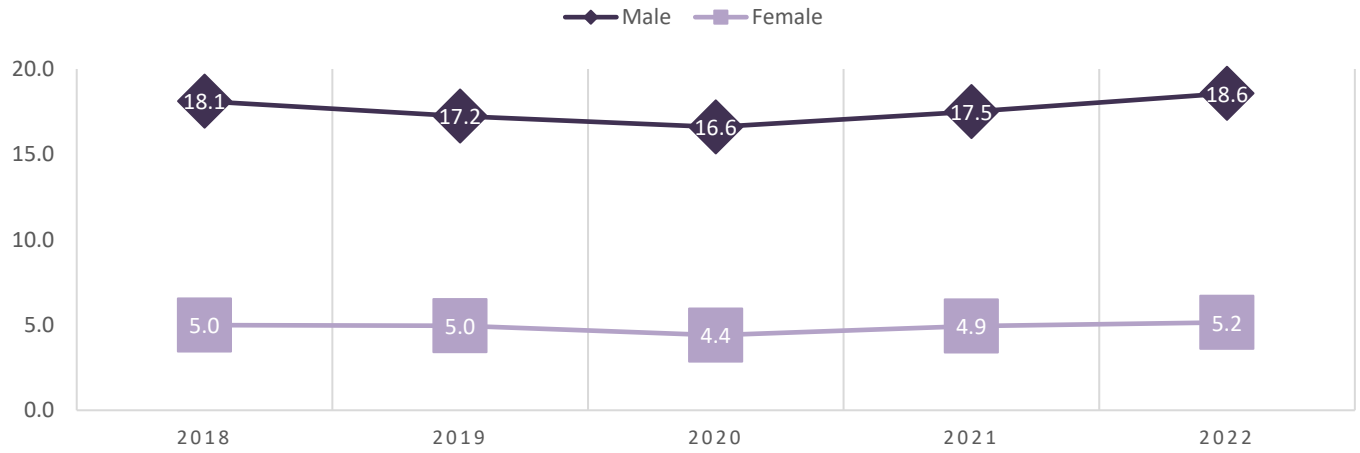


*Data Years 2013 to 2021, Illinois, All Ages, Both Sexes, All Races, All Ethnicities.

Suicide deaths disproportionately impact individuals of different genders. In Illinois, age-adjusted suicide rates in 2022 were more than 3.6 times higher for males than for females (Figure 11).

[19] **Data Source:** CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System). Accessed July 2024.

Figure 11[20]: Illinois Age-Adjusted Suicide Rate per 100,000 Persons by Males and Females, 2018-2022*

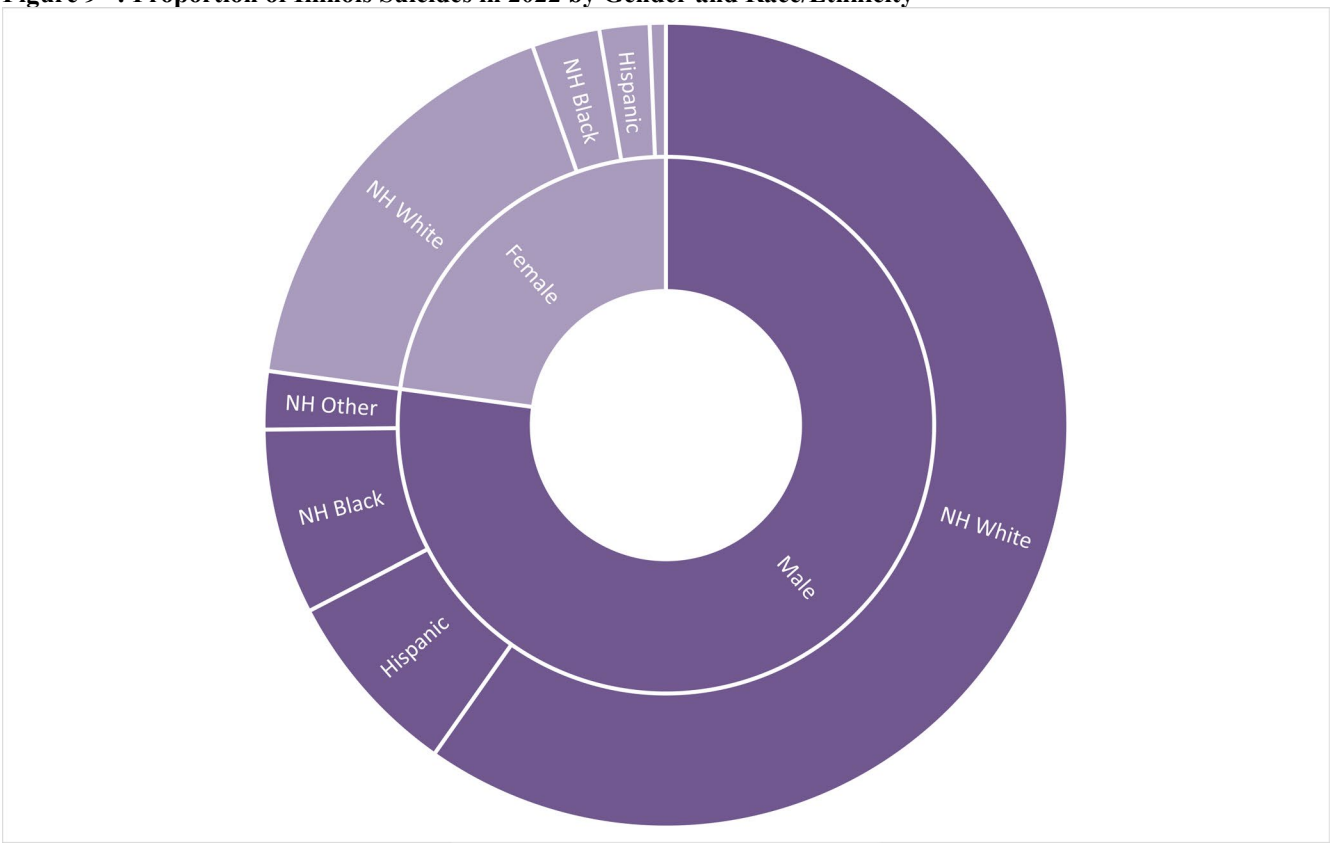


*Data Years 2013 to 2021, Illinois, All Ages, All Races, All Ethnicities.

Individuals of different races also experience disparities in rates of suicide. For example, in 2022, the number of suicides among White non-Hispanic males in Illinois was more than 7.8 times greater than the number of suicides among Hispanic males. The number of suicides among White non-Hispanic females in Illinois was more than 8.6 times greater than the number of Hispanic female suicides (Figure 9).

[20] **Data Source:** CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System). Accessed July 2024

Figure 9[21]: Proportion of Illinois Suicides in 2022 by Gender and Race/Ethnicity*

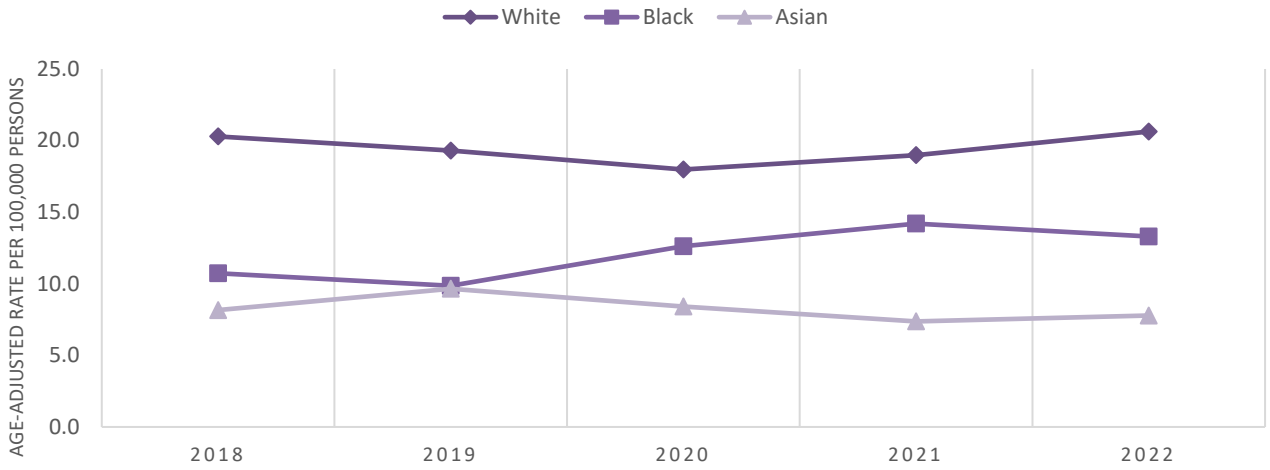


*Abbreviations: NH = non-Hispanic

Over time, crude suicide rates have changed for certain groups in Illinois (Figure 12 and Figure 10, page 40). Suicide rates among Black males have been increasing since 2018 in Illinois. Similarly, suicide rates have increased among Black females in Illinois between 2018 and 2022.

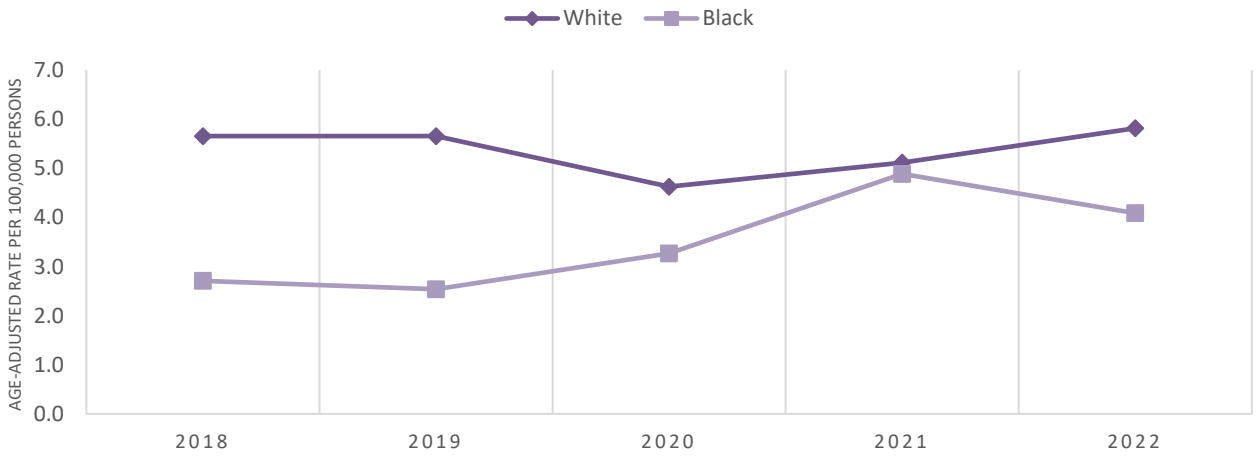
[21] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning, and Statistics. Illinois Vital Records Data. Obtained August 2023.

Figure 12[22]: Illinois Age-Adjusted Suicide Rates Among White Males, Black Males, and Asian Males, 2018-2022



Note: All races are not shown to maintain the confidentiality of decedents in instances of cases less than 20.

Figure 10[23]: Illinois Age-Adjusted Suicide Rates Among White Females, and Black Females, 2018-2022

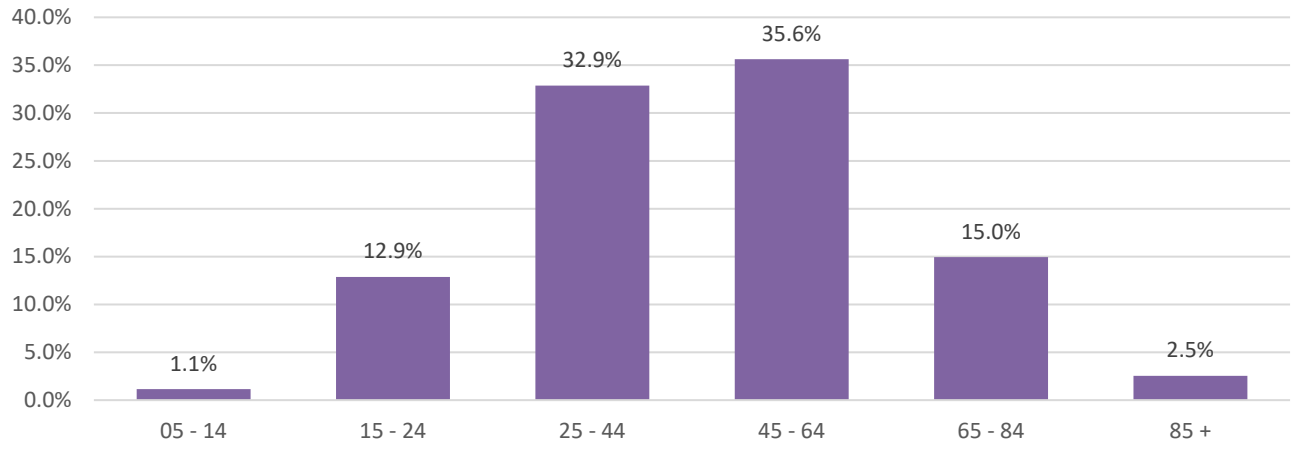


Note: All races are not shown to maintain the confidentiality of decedents in instances of cases less than 20.

Suicide deaths also disproportionately impact individuals of different ages (Figure 11). In Illinois, 35.6% of all suicides between 2013 and 2022 occurred among individuals aged 45-64 and 32.9% of all suicides occurred among individuals aged 25-44.

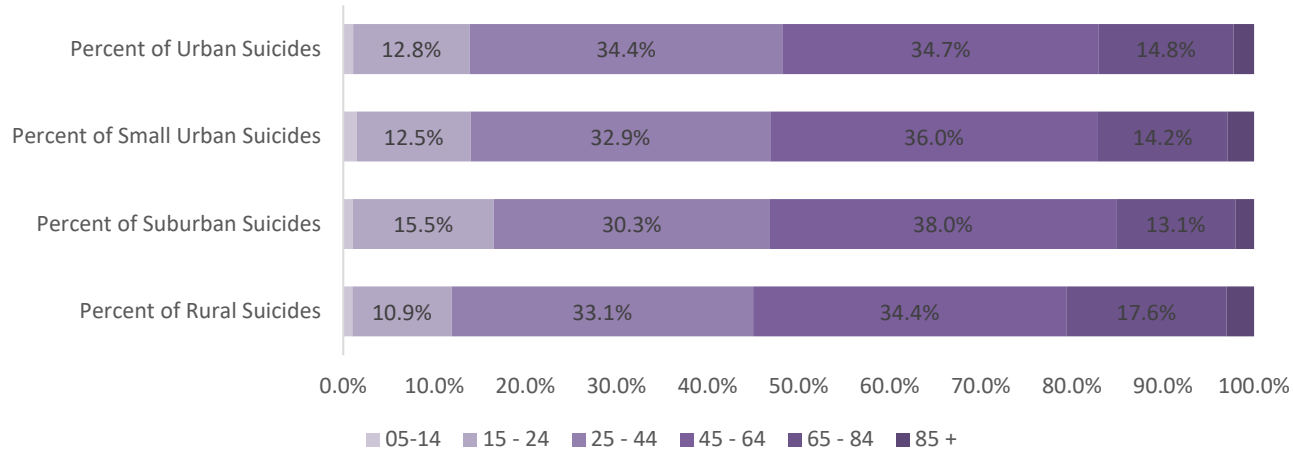
Figure 11[24]: Illinois Percent of Total Suicides by Age Group, 2013-2022

[22] **Data Source:** CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System). Accessed July 2024.
[23] **Data Source:** CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System). Accessed July 2024.
[24] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning and Statistics. Illinois Vital Records Data. Obtained August 2023.



The age distribution of suicide victims also varies by urbanicity (Figure 12). Individuals 15-24 years of age made up 15.6% of suicides within suburban counties. This is the highest percentage seen for that age group among four different urbanicities in Illinois. Alternatively, this age group only made up 11% of all rural suicides. Individuals aged 64-84 made up 17.8% of all suicides in rural counties which is the highest percentage seen for that age group among different urbanicities, but only made up 13.2% of all suburban suicides.

Figure 12[25]: Illinois Percent of Total Suicides by Suicide Urbanicity and Age Group, 2013-2022*



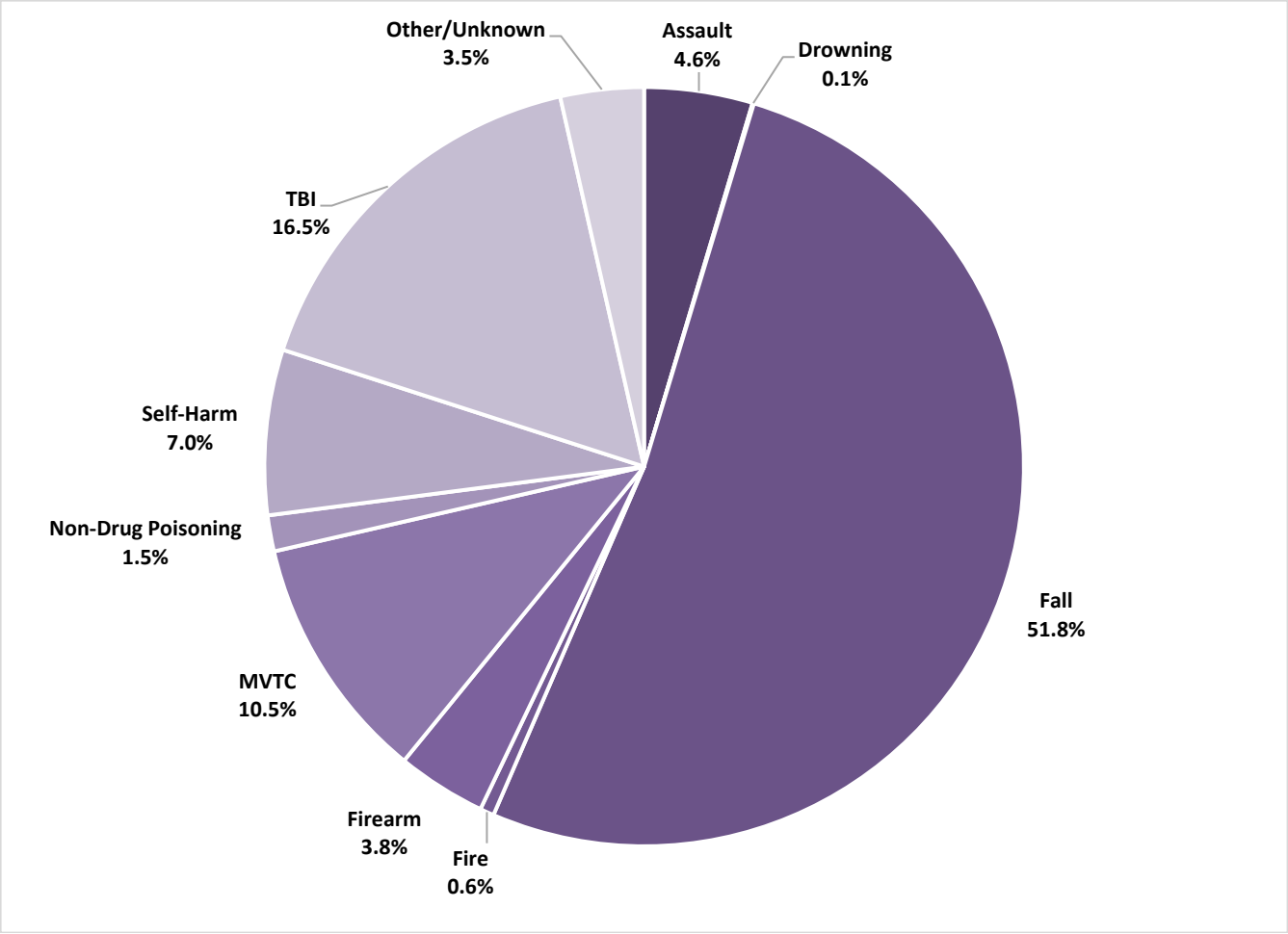
*Urbanicity was assigned at the county level. The percent of suicides by age group and urbanicity was determined using the sum of all suicides between 2013 and 2022 for each age group within each urbanicity.

[25] **Data Source:** Illinois Department of Public Health, Division of Patient Safety and Quality, Office of Policy, Planning and Statistics. Illinois Vital Records Data. Obtained August 2023.

Nonfatal Intentional Self-Harm Hospitalizations in Illinois

Overall, more than 52,000 injury-related hospitalizations were reported in Illinois in 2021. The leading causes included older adult falls, traumatic brain injuries (TBI), motor vehicle traffic crashes (MVTC), and self-harm. Self-harm made up approximately 7% of all injury hospitalizations in Illinois in 2021 (Figure 13).

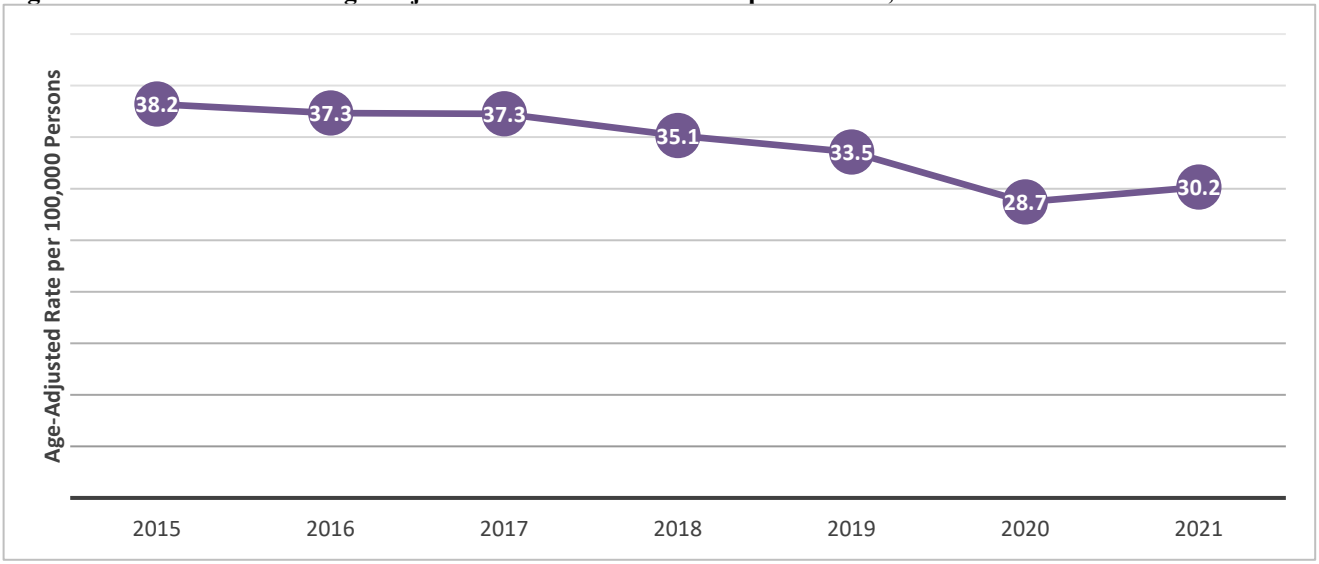
Figure 13[26]: Percent of Illinois Injury Hospitalizations by Type of Injury, 2021



In 2021, the overall age-adjusted rate of self-harm hospitalizations was 30.2 hospitalizations per 100,000 Illinois residents (Figure 14 on page 43). This is a 20.9% decrease from the 38.2 self-harm hospitalizations rate per 100,000 persons observed in 2015.

[26] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Figure 14[27]: Illinois Overall Age-Adjusted Rate of Self-Harm Hospitalizations, 2015-2021*



*Data Years 2015 to 2021, Illinois, All Ages, All Races, All Ethnicities, All Sex/Genders.

When comparing rates among different age groups in Illinois, the highest age-specific rates of intentional self-harm hospitalizations were observed among individuals 15-19 years of age (5.7 self-harm hospitalizations per 100,000 persons), individuals 25-34 years of age (5.6 self-harm hospitalizations per 100,000 persons), and individuals 33-44 years of age (5.5 self-harm hospitalizations per 100,000 persons) in 2021 (Table 8).

Table 8[28]: Age-Specific Rate of Nonfatal Intentional Self-Harm Hospitalizations by Age Group, 2021*

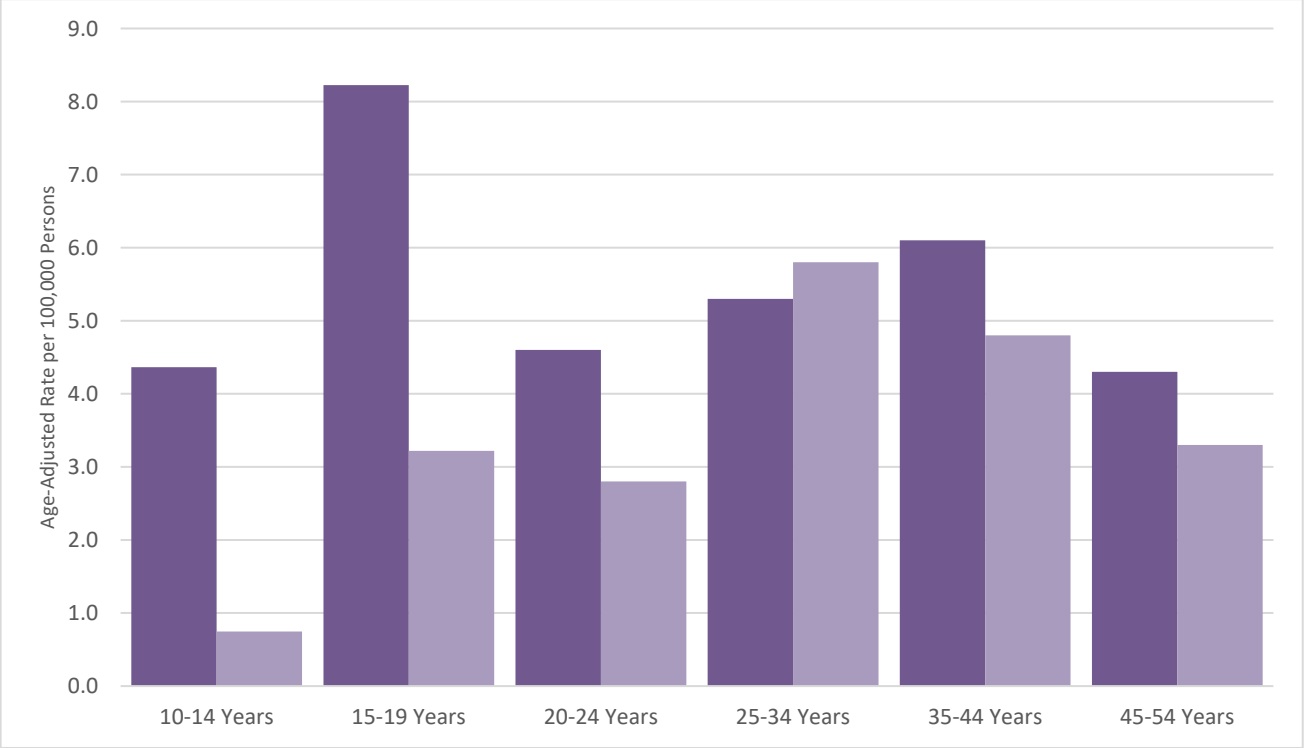
Age	Age-Specific Rate per 100,000 Illinois Residents
5-9 years	0.0
10-14 years	2.5
15-19 years	5.7
20-24 years	3.7
25-34 years	5.6
35-44 years	5.5
45-54 years	3.8
55-64 years	1.9
65-74 years	0.8
75-84 years	0.6
85+ years	0.3

*Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

[27] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Hospital Discharge Data Reports (2015-2021).
[28] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Unlike rates of suicide deaths, which disproportionately impact males, self-harm hospitalizations disproportionately impact females. When comparing rates between males and females of similar ages, Illinois sees the greatest disparities among individuals 10-14 years of age and 15-19 years of age (Figure 15). In 2021, the age-specific rate of self-harm hospitalizations among individuals 10-14 years of age was 6.3 times higher for females than for males. The age-specific rate of self-harm hospitalizations among individuals 15-19 years of age was 2.6 times higher for females than for males.

Figure 15[29]: Age-Specific Rate of Illinois Self-Harm Hospitalizations by Age Group among Males and Females, 2021

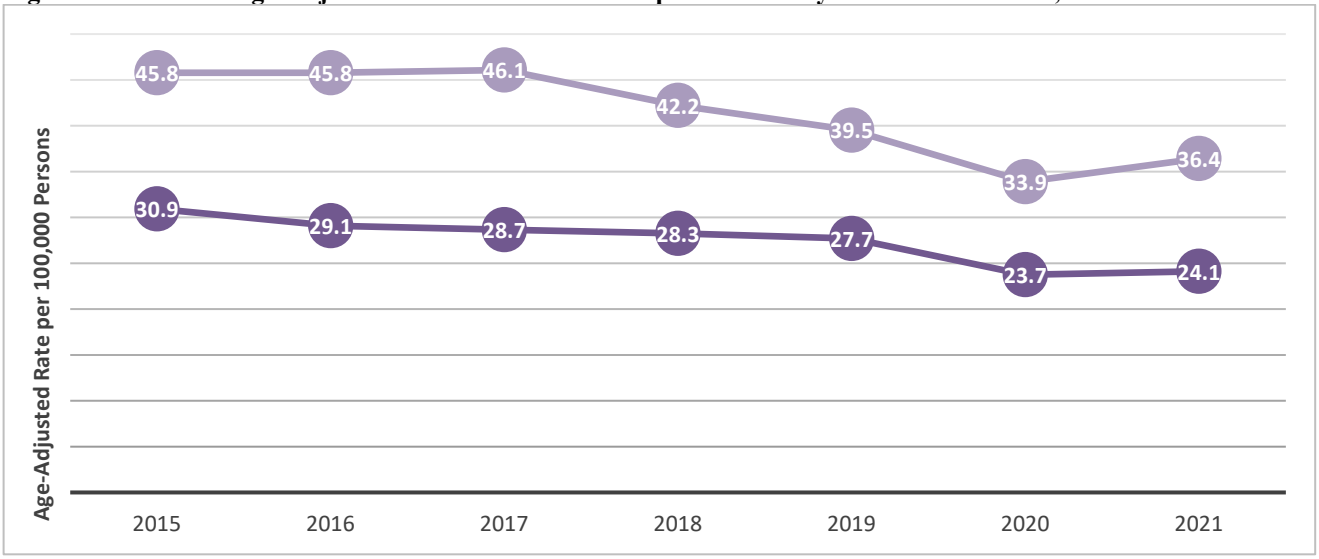


Between 2015 and 2021 in Illinois, the overall age-specific rate of intentional self-harm hospitalizations for females was approximately 1.5 times greater than the age-specific rate of intentional self-harm hospitalizations for males. This disparity in the rates of intentional self-harm hospitalizations by gender was relatively stable between 2015 and 2021.

The age-adjusted rates of self-harm hospitalizations have steadily decreased in Illinois between 2015 and 2021 for both males and females (Figure 16 on page 45). The rate of self-harm hospitalizations among females decreased by 20.5% from 48.5 self-harm hospitalizations per 100,000 persons in 2015 to 36.4 self-harm hospitalizations per 100,000 persons in 2021. The rate of self-harm hospitalizations among males decreased by 22.0% from 30.9 self-harm hospitalizations per 100,000 persons in 2015 to 24.1 self-harm hospitalizations per 100,000 persons in 2021.

[29] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Figure 16[30]: Illinois Age-Adjusted Rate of Self-Harm Hospitalizations by Males and Females, 2015-2021

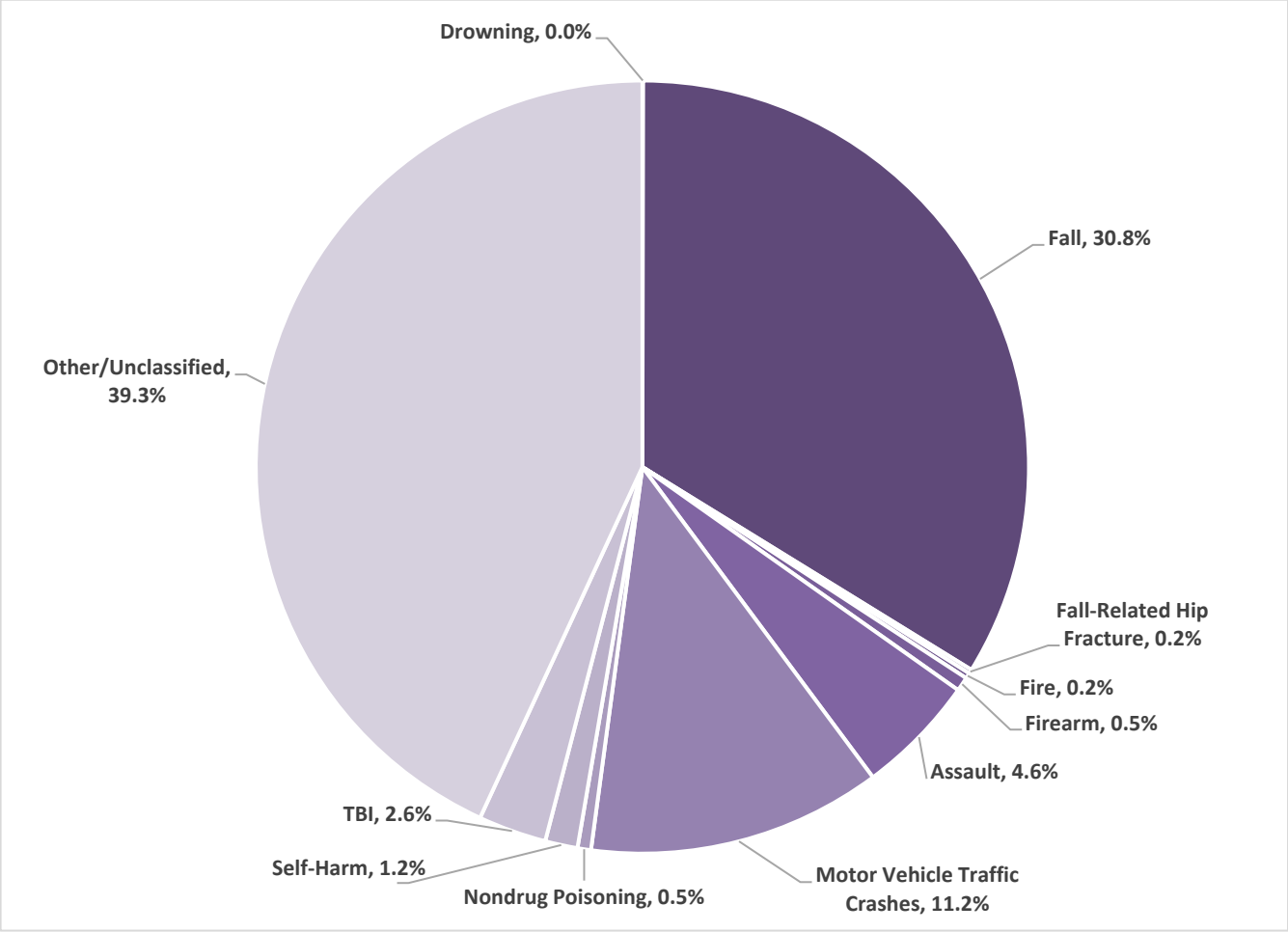


[30] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Hospital Discharge Data Reports (2015-2021).

Nonfatal Intentional Self-Harm Emergency Department (ED) Visits in Illinois

Overall, there were more than 868,000 injury-related ED visits in 2021 in Illinois. Only 91.2% of those visits contained codes necessary to determine the external cause of injury (not shown). Of the visits coded with external cause information, 39.3% were not classified into broader injury visit types. The leading causes of the remaining ED visits included older adult falls, motor vehicle traffic crashes (MVTC), assault, traumatic brain injuries (TBI), and self-harm (Figure 17).

Figure 17[31]: Percent of Illinois Injury-Related Emergency Department Visits by Type of Injury, 2021



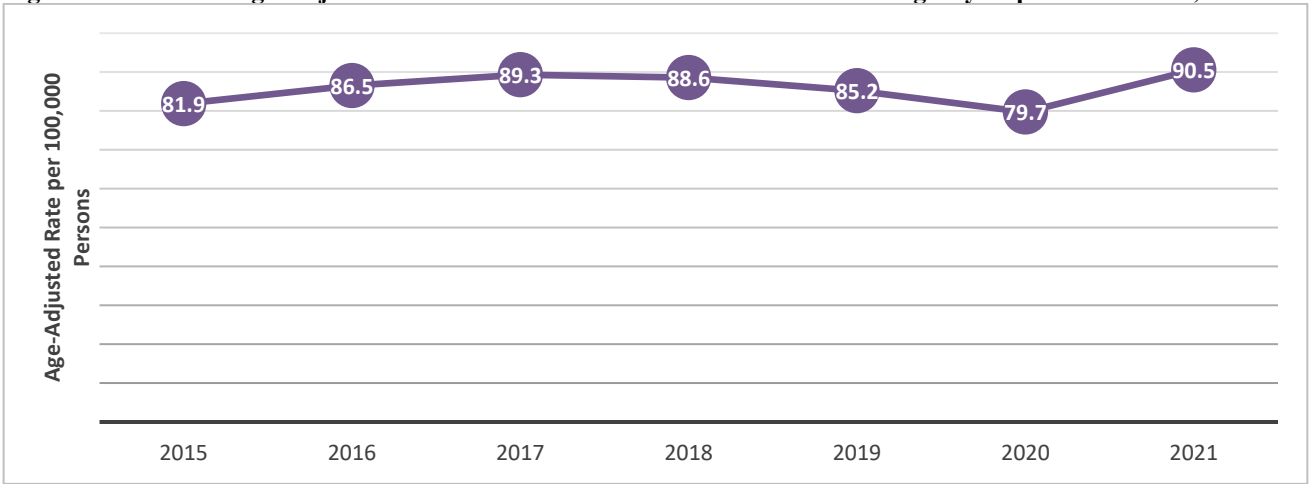
Although self-harm made up only 1.2% of all injury-related emergency department visits, there were nearly 11,000 self-harm ED visits in Illinois in 2021 (not shown).

Although a decrease in age-adjusted self-harm hospitalization rates was observed in Illinois between 2015 and 2021 (see Figure 14 on page 43), the age-adjusted rates of nonfatal intentional self-harm ED visits have steadily increased since 2015, with an exception in 2019 and 2020 where rates of ED

[31] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

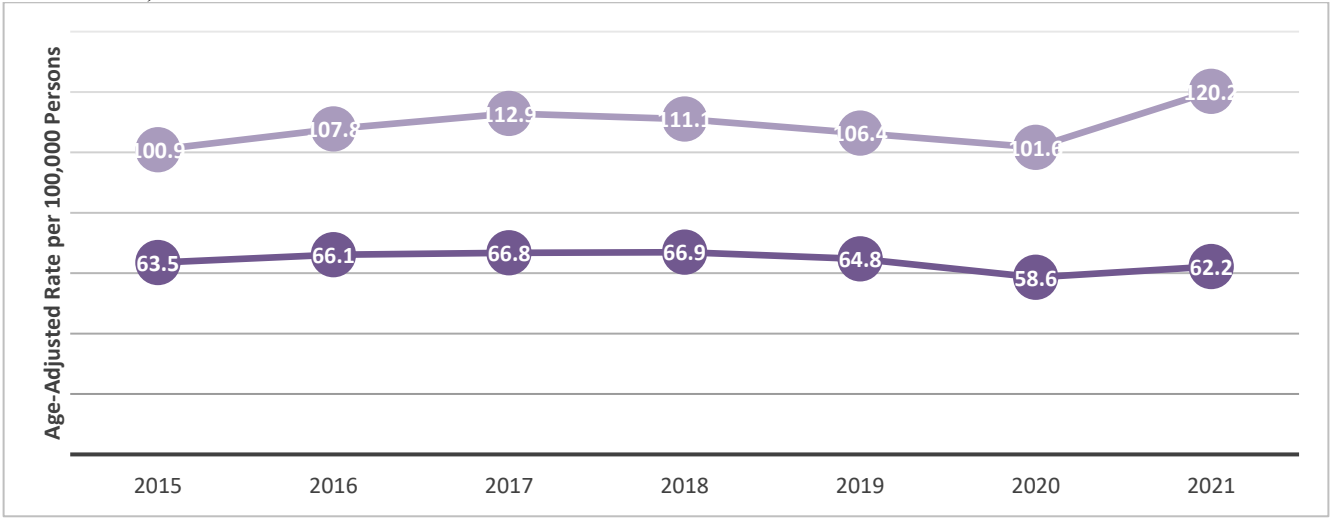
decreased. Overall, between 2015 and 2021, the age-adjusted rates of self-harm ED visits increased by more than 10% (Figure 18).

Figure 18[32]: Illinois Age-Adjusted Rate of Nonfatal Intentional Self-Harm Emergency Department Visits, 2015-2021



The increase in Illinois' overall age-adjusted rates of nonfatal intentional self-harm ED visits observed between 2015 and 2021 (see Figure 18) was driven mainly by the 19.1% increase in rates of self-harm ED visits among females between 2015 and 2021 (Figure 19). Alternatively, the rate of nonfatal intentional self-harm ED visits among males decreased by 2.0% between 2015 and 2021.

Figure 19[33]: Illinois Age-Adjusted Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Males and Females, 2015-2021



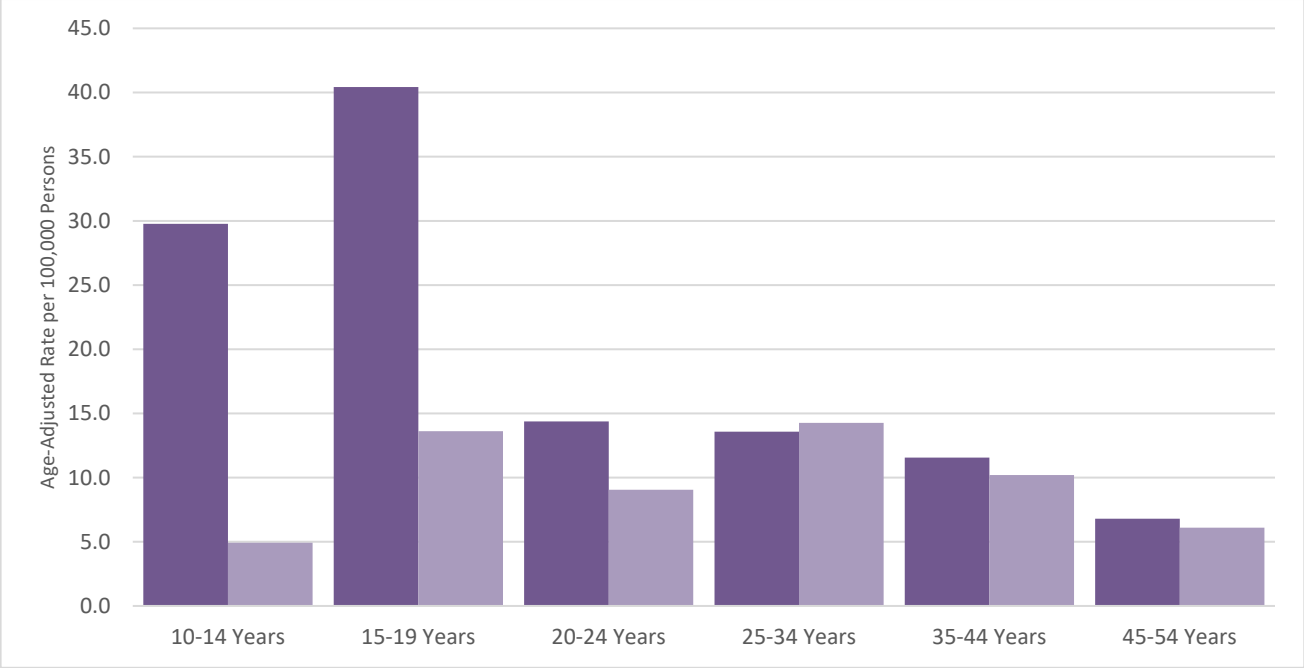
Additionally, the gender disparities in age-adjusted rates of nonfatal intentional self-harm ED visits have continued to grow between 2015 and 2021 (Figure 19). The age-adjusted rate of self-harm ED

[32] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Emergency Department Data Reports (2015-2021).
[33] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Emergency Department Data Reports (2015-2021).

visits for females was 1.9 times greater than the rate for males in 2021. This increased from the gender disparity observed in 2015 when the rate of self-harm ED visits for females was only 1.5 times greater than the rate for males.

When comparing rates between males and females among different age groups, Illinois sees the greatest gender disparities among individuals 10-14 years of age and 15-19 years of age (Figure 20). In 2021, the age-specific rate of self-harm ED visits among females 10-14 years of age was more than six times greater than the age-specific rate of ED visits among males 10-14 years of age. The age-specific rate of self-harm ED visits among females 15-19 years of age was three times greater than the age-specific rate of self-harm ED visits among males 15-19 years of age.

Figure 20[34]: Illinois Age-Specific Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Age Group among Males and Females, 2021



When comparing rates among different age groups in Illinois for all races, ethnicities, and genders, the highest age-specific rates of intentional self-harm ED visits were observed among individuals 15-19 years of age (26.7 self-harm ED visits per 100,000 persons), individuals 10-14 years of age (17.1 self-harm ED visits per 100,000 persons), and individuals 25-34 years of age (13.9 self-harm ED visits per 100,000 persons) in 2021 (Table 9 on page 49).

[34] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Reports (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Table 9[35]: Age-Specific Rate of Nonfatal Intentional Self-Harm Emergency Department Visits by Age Group, 2021*

Age	Age-Specific Rate per 100,000 Illinois Residents
5-9 years	0.3
10-14 years	17.1
15-19 years	26.7
20-24 years	11.7
25-34 years	13.9
35-44 years	10.9
45-54 years	6.4
55-64 years	2.3
65-74 years	0.7
75-84 years	0.4
85+ years	0.1

*Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

[35] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Leading Causes of Injury-Related Morbidity by Age Groups

The leading causes of hospitalizations and emergency department visits due to injury change across the lifespan. In Illinois, in 2021, nonfatal intentional self-harm was the leading cause of injury hospitalizations for people between 10 and 19 years of age and the second leading cause of injury hospitalizations for people between 20 and 34 years of age (Table 10).

Table 10[36]: Top Six Leading Causes of Nonfatal Injury-Related Hospitalizations in Illinois by Age, 2021*

0-9 years	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
Fall-Related 374	Self-Harm Related 283	Self-Harm Related 655	Motor Vehicle Crash-Related 607	Motor Vehicle Crash-Related 1,085	Motor Vehicle Crash-Related 796	Fall-Related 1,325	Fall-Related 3,176	Fall-Related 5,496	Fall-Related 7,290	Fall-Related 8,012
TBI-Related 271	Fall-Related 145	Motor Vehicle Crash-Related 371	Self-Harm Related 453	Self-Harm Related 702	Fall-Related 781	TBI-Related 699	TBI-Related 1,119	TBI-Related 1,453	TBI-Related 1,707	TBI-Related 1,508
Assault-Related 113	Motor Vehicle Crash-Related 82	Firearm-Related 330	Firearm-Related 402	Firearm-Related 690	TBI-Related 592	Motor Vehicle Crash-Related 695	Motor Vehicle Crash-Related 770	Motor Vehicle Crash-Related 562	Motor Vehicle Crash-Related 347	Motor Vehicle Crash-Related 159
Motor Vehicle Crash-Related 89	TBI-Related 80	TBI-Related 257	TBI-Related 338	TBI-Related 683	Self-Harm Related 564	Self-Harm Related 443	Self-Harm Related 352	Self-Harm Related 153	Self-Harm Related 75	Self-Harm Related 39
Nondrug Poisoning-Related 39	Assault-Related 32	Assault-Related 225	Assault-Related 326	Assault-Related 671	Assault-Related 440	Assault-Related 271	Assault-Related 182	Assault-Related 91	Assault-Related 54	Assault-Related 34
Fire-Related 23	Firearm-Related 28	Fall-Related 128	Fall-Related 158	Fall-Related 515	Firearm-Related 331	Firearm-Related 132	Nondrug Poisoning-Related 158	Nondrug Poisoning-Related 80	Nondrug Poisoning-Related 33	Nondrug Poisoning-Related 14

*Shaded squares represent injury-related causes of hospitalizations. Each square in the grid lists the underlying cause of hospitalization and the corresponding number of hospitalizations attributed to that cause in 2021. Age groups appear above each column. The data presented are based on previously submitted CDC data that shows a mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

[36] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

In Illinois, in 2021, nonfatal intentional self-harm was the third leading cause of injury-related emergency department visits for people between 10 and 14 years of age, the fourth leading cause of injury-related ED visits for people between 15-19 years of age, and the fifth leading cause of injury-related ED visits for people 20-54 years of age (Table 11).

Table 11[37]: Top Six Leading Causes of Nonfatal Injury-Related Emergency Department Visits in Illinois by Age, 2021*

0-9 years	10-14 years	15-19 years	20-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
Fall-Related 37,421	Fall-Related 12,622	Motor Vehicle Crash-Related 10,160	Motor Vehicle Crash-Related 13,302	Motor Vehicle Crash-Related 22,292	Fall-Related 19,977	Fall-Related 23,490	Fall-Related 33,939	Fall-Related 36,503	Fall-Related 34,883	Fall-Related 29,990
Motor Vehicle Crash-Related 4,230	Motor Vehicle Crash-Related 2,917	Fall-Related 9,857	Fall-Related 9,009	Fall-Related 19,594	Motor Vehicle Crash-Related 15,231	Motor Vehicle Crash-Related 11,587	Motor Vehicle Crash-Related 9,820	Motor Vehicle Crash-Related 5,106	Motor Vehicle Crash-Related 2,092	TBI-Related 1,039
TBI-Related 2,047	Self-Harm Related 1,920	Assault-Related 4,037	Assault-Related 5,790	Assault-Related 11,384	Assault-Related 7,263	Assault-Related 4,146	Assault-Related 2,723	TBI-Related 1,643	TBI-Related 1,515	Motor Vehicle Crash-Related 636
Assault-Related **1,627**	TBI-Related 1,823	Self-Harm Related 3,089	TBI-Related 2,079	TBI-Related 3,169	TBI-Related 2,351	TBI-Related 2,007	TBI-Related 2,093	Assault-Related 837	Assault-Related 228	Assault-Related 127
Nondrug Poisoning-Related **823**	Assault-Related 1,734	TBI-Related 2,824	Self-Harm Related 1,432	Self-Harm Related 1,760	Self-Harm Related 1,123	Self-Harm Related 756	Nondrug Poisoning-Related 474	Nondrug Poisoning-Related 222	Nondrug Poisoning-Related 96	Nondrug Poisoning-Related 34
Fire-Related 197	Nondrug Poisoning-Related 166	Firearm-Related 807	Firearm-Related 972	Firearm-Related 1,609	Firearm-Related 677	Nondrug Poisoning-Related 499	Self-Harm Related 432	Fire-Related 154	Fire-Related 59	Firearm-Related 33

*Shaded squares represent injury-related causes of emergency department (ED) visits. Each square in the grid lists the underlying cause of ED visits and the corresponding number of ED visits attributed to that cause in 2021. Age groups appear above each column. The data presented are based on previously submitted CDC data that shows a mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

[37] **Data Source:** Illinois Department of Public Health, Division of Emerging Health Issues. Illinois State Injury Indicator Report (2021). Submitted to Centers for Disease Control and Prevention, National Center for Injury Prevention and Control July 2023.

Copies of this report are available at
http://dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention