

Suicide and Suicidal Behavior in Maine: 2009

Maine Youth Suicide Prevention Program
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John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

**Garrett Lee Smith Memorial Grant
Project Surveillance Report**

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Prepared for:

**Maine Youth Suicide Prevention Program
Maine Centers for Disease Control**

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Suicide is one of the leading causes of death among persons in Maine, the United States, and worldwide. It has social, economic and emotional consequences for families, communities and society. This report highlights some of the recent statistics available on suicide in Maine. This includes data on mortality, hospitalization, emergency department visits, and self-reported suicide ideation and attempts. Most analyses were restricted to the population age 10 years and older. Children under age 10 were excluded because many consider them too young developmentally to have a concept of mortality that is consistent with suicidal behavior. Few suicides or self-inflicted injuries occur in those under age 10.

Every year, on average, 160 residents of Maine die by suicide, approximately 1,100 are hospitalized and 1,500 are treated in an emergency department for a self-inflicted injury (Table 1). Suicide is the second leading cause of death among those between the ages of 15-24 and 25-34 (Table 2) and the 10th leading cause of death for Mainers overall.

Table 1. Data Summary: Suicide and self-inflicted injury among Maine residents, age 10 and older, 2002-2006

	Deaths	Hospital Discharges	Outpatient Emergency Department Visits
Average Number	160	1,129	1,506
Average Annual Rate (among those 10+ yrs)	13.7 per 100,000	96.3 per 100,000	128.5 per 100,000
Most common method	Firearm (54%)	Self-Poisoning (80%)	Self-Poisoning (44%)
Sex associated with highest rates	Males	Females	Females
Age group associated with highest rates	25-34 years	15-19 years	15-19 years

Table 2. Top 5 leading causes of death among Maine residents, 2002-2006

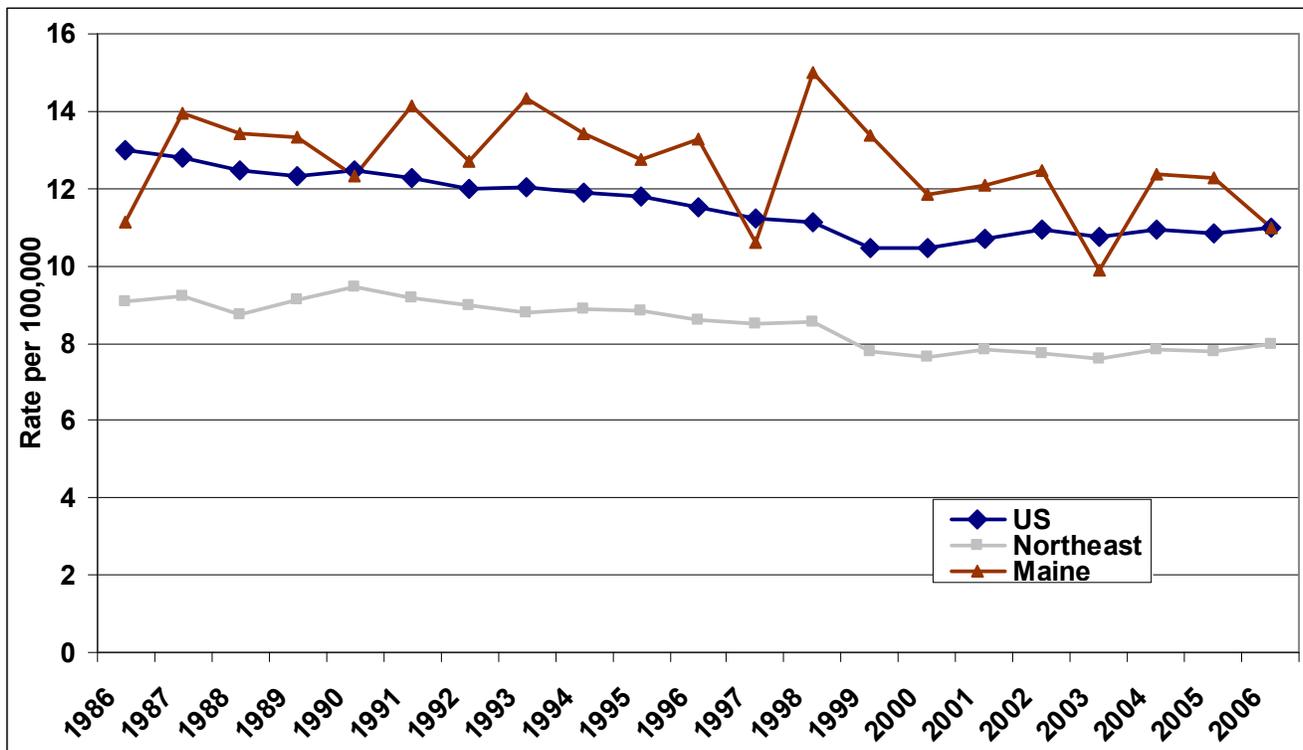
Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 95	Unintent. Injury 27	Unintent. Injury 18	Unintent. Injury 27	Unintent. Injury 391	Unintent. Injury 331	Unintent. Injury 406	Malignant Neoplasms 1,299	Malignant Neoplasms 2,749	Heart Disease 12,524	Malignant Neoplasms 15,757
2	Short Gestation 66	Congenital Anomalies 12	Malignant Neoplasms 6	Malignant Neoplasms 13	Suicide 87	Suicide 118	Malignant Neoplasms 327	Heart Disease 721	Heart Disease 1,362	Malignant Neoplasms 11,252	Heart Disease 14,980
3	SIDS 34	Malignant Neoplasms 7	Congenital Anomalies 3	Heart Disease 6	Malignant Neoplasms 41	Malignant Neoplasms 62	Heart Disease 274	Unintent. Injury 344	Chronic Low. Respiratory Disease 382	Cerebrovascular 3,454	Chronic Low. Respiratory Disease 3,952
4	Maternal Pregnancy Comp. 26	Influenza & Pneumonia 5	Benign Neoplasms 1	Congenital Anomalies 5	Heart Disease 26	Heart Disease 58	Suicide 155	Suicide 179	Diabetes Mellitus 271	Chronic Low. Respiratory Disease 3,436	Cerebrovascular 3,789
5	Placenta Cord Membranes 17	Benign Neoplasms 4	Cerebrovascular 1	Influenza & Pneumonia 4	Homicide 17	Homicide 18	Diabetes Mellitus 45	Liver Disease 136	Cerebrovascular 214	Alzheimer's Disease 2,416	Unintent. Injury 2,658

Source: 2002-2006 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2006) [cited 2009 May 13]. Available from URL: www.cdc.gov/ncipc/wisqars.

Suicide Mortality: Frequency, Rates and Trends

- On average, 160 Mainers lose their life to suicide each year. In 2006, there were 158 suicides in Maine, an age-adjusted rate of 11.0 per 100,000.
- The suicide rate between 2002-2006 for all ages was 12.4 per 100,000 (age-adjusted rate of 11.8 per 100,000). Among those 10 and older, the 2002-2006 rate was 13.7 per 100,000.
- Maine's suicide rate has fluctuated over time, but it has consistently been similar to the U.S. rate and higher than the rate in the Northeast (Figure 1).

Figure 1. Suicide rates (per 100,000) for Maine, Northeast, and the U.S., 1986-2006, all ages, age-adjusted*.

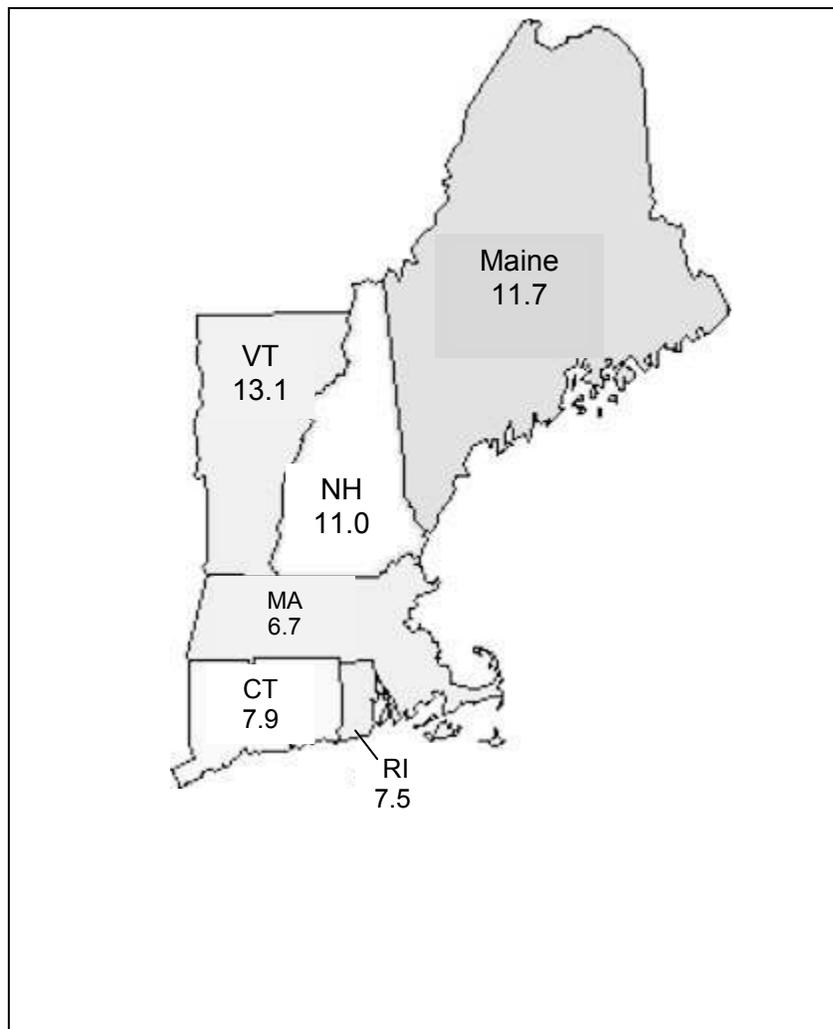


Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2006) [cited 2009 May 13]. Available from URL: www.cdc.gov/ncipc/wisqars.

*Rates are age-adjusted to the US 2000 standard population.

- Age-adjusted suicide rates observed in Maine, Vermont, and New Hampshire for the period 2002 to 2006 were higher than the rates observed in the other states in New England (Figure 2).

Figure 2. Age-adjusted suicide rates (per 100,000) for Maine and New England, 2002-2006, all ages



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2006) [cited 2009 May 13]. Available from URL: www.cdc.gov/ncipc/wisqars
*Rates are age-adjusted to the US 2000 standard population.

- It has been suggested that Maine’s suicide rate is higher than other states due to Maine’s demographic composition. National vital statistics data show that suicide rates vary by race and ethnicity and are highest among white, non-Hispanics.¹ Over 95 percent of Maine residents are white, non-Hispanic, according to the 2000 U.S. Census.
- Maine’s suicide rate among white non-Hispanics is higher than the Northeast region’s white, non-Hispanic rate, while similar to the national white non-Hispanic rate (Table 3; 11.7 per 100,000 versus 8.9 and 12.9, respectively).
- Due to small numbers, estimates of suicide rates among specific minority populations in Maine are not reliable and therefore are not reported here.

Table 3. Suicide rates in Maine, Northeast*, and U.S. 2002-2006, all ages, all races and White, Non-Hispanic.

		Crude Rate	Age-Adjusted Rate
Maine	All Races	12.4	11.7
	White Non-Hispanic	12.5	11.7
Northeast	All Races	8.1	7.8
	White Non-Hispanic	9.4	8.9
United States	All Races	11.0	10.9
	White Non-Hispanic	13.6	12.9

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2006) [cited 2009 May 13]. Available from URL: www.cdc.gov/ncipc/wisqars
 Rates are age-adjusted to the US 2000 standard population.

*Northeast is made up of ME, VT, NH, CT, RI, MA, PA, NJ, and NY.

¹ Miniño AM, Anderson RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: Injuries, 2002. National Vital Statistics Reports; vol 54 no 10. Hyattsville, Maryland: National Center for Health Statistics. 2006.

- Between 2002-2006, county-level age-adjusted suicide rates ranged from 7.3 per 100,000 (Franklin County) to 21.3 per 100,000 (Knox County). The 2002-2006 suicide rate in Knox County was statistically significantly higher than the Maine state suicide rate and significantly higher than suicide rates in four other Maine counties (Androscoggin, Aroostook, Cumberland, and Franklin).

Table 4. Suicide rates per 100,000 by Maine county, ages 10 and older, 2002-2006

County	Number of Suicides	Crude Rate	Age-Adjusted Rate (95% Confidence Interval)
Androscoggin	43	9.1	9.1 (6.6, 12.3)
Aroostook	39	11.8	11.0 (7.8, 15.1)
Cumberland	145	12.0	11.8 (9.9, 13.7)
Franklin	10*	7.4	7.3 (3.5, 13.4)
Hancock	33	14	12.8 (8.8, 18.0)
Kennebec	75	14.0	13.6 (10.7, 17.1)
Knox	40	21.8	21.3 (15.2, 29.0)
Lincoln	28	17.6	16.5 (11.0, 23.9)
Oxford	39	15.4	15.0 (10.6, 20.4)
Penobscot	96	14.6	14.4 (11.7, 17.6)
Piscataquis	17*	21.5	19.7 (11.5, 31.5)
Sagadahoc	21	13.0	13.0 (8.0, 19.9)
Somerset	39	17.0	16.4 (11.6, 22.4)
Waldo	25	14.6	14.7 (9.5, 21.7)
Washington	27	18.0	17.7 (11.7, 25.8)
York	125	14.1	13.9 (11.5, 16.4)
MAINE	802	13.7	13.4 (12.5, 14.3)

Data from the Office of Data, Research and Vital Statistics (ODRVS) of the Maine Center for Disease Control and Prevention. Rates are age-adjusted to the US 2000 standard population.

*Rates based on events less than 20 may be unreliable.

- Maine Public Health District 2002-2006 age-adjusted suicide rates ranged from 10.5 per 100,000 in the Western Maine District to 16.7 per 100,000 in the Mid Coast District; the only statistically significant difference in suicide rates across public health districts were observed between these 2 regions.

Table 5. Crude and age-adjusted suicide rates (per 100,000) by Maine Public Health District, ages 10 and older, 2002-2006.

District	Number of Suicides	Crude Rate	Age-Adjusted Rate 95% Confidence Interval
Aroostook District	39	11.8	11.0 (7.8, 15.1)
Central Maine District	114	14.9	14.5 (11.8, 17.1)
Cumberland District	145	12.0	11.8 (9.9, 13.7)
Downeast District	60	15.4	14.6 (11.2, 18.8)
Mid Coast District	114	16.9	16.7 (13.6, 19.7)
Penquis District	113	15.3	15.1 (12.3, 17.9)
Western Maine District	92	10.7	10.5 (8.4, 12.8)
York	125	14.1	13.9 (11.5, 16.4)
Maine	802	13.7	13.4 (12.5, 14.3)

Data from the Office of Data, Research and Vital Statistics (ODRVS) of the Maine Center for Disease Control and Prevention. Rates are age-adjusted to the US 2000 standard population.

Aroostook District=Aroostook County

Central Maine District= Kennebec and Somerset Counties

Cumberland District=Cumberland County

Downeast District=Washington and Hancock Counties

Midcoast District=Lincoln, Knox, Sagadahoc, and Waldo Counties

Penquis District=Penobscot and Piscataquis Counties

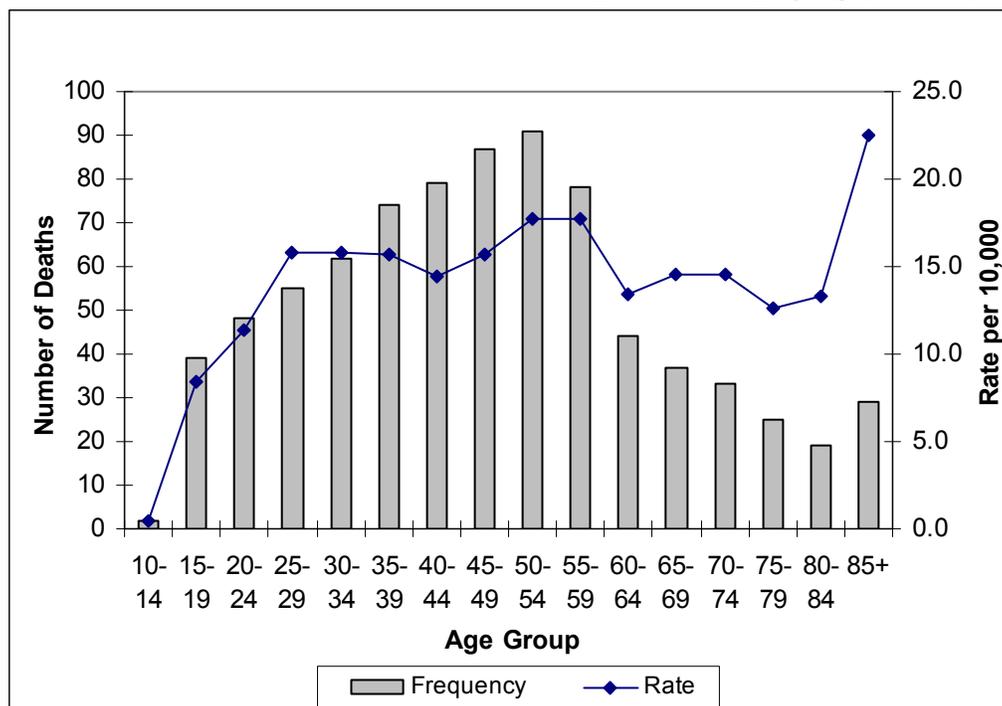
Western Maine District=Androscoggin, Franklin and Oxford Counties

York District=York County

Suicide and Age

- The highest suicide rates are among the oldest members of Maine's population. The rate of suicide among those over age 85 years between 2002-2006 was 23.8 per 100,000 (Figure 3). Suicides among this age group comprised 3.6% (n=29) of all suicide between 2002-2006.
- The highest number of suicides between 2002-2006 occurred among those between the ages of 35-59 years; 51% of suicides (n=409) in 2002-2006 occurred among those in this age range. (Figure 3).
- Suicides among those under age 35 constituted 25.7% (n=206) of suicides.
- Between 2002-2006, youth suicides (age 10-24 yrs) accounted for 11.1% of all suicides; 89 youth died by suicide over this 5-year period. The 2002-2006 suicide rate for youth between age 10-24 years was 7.0 per 100,000.

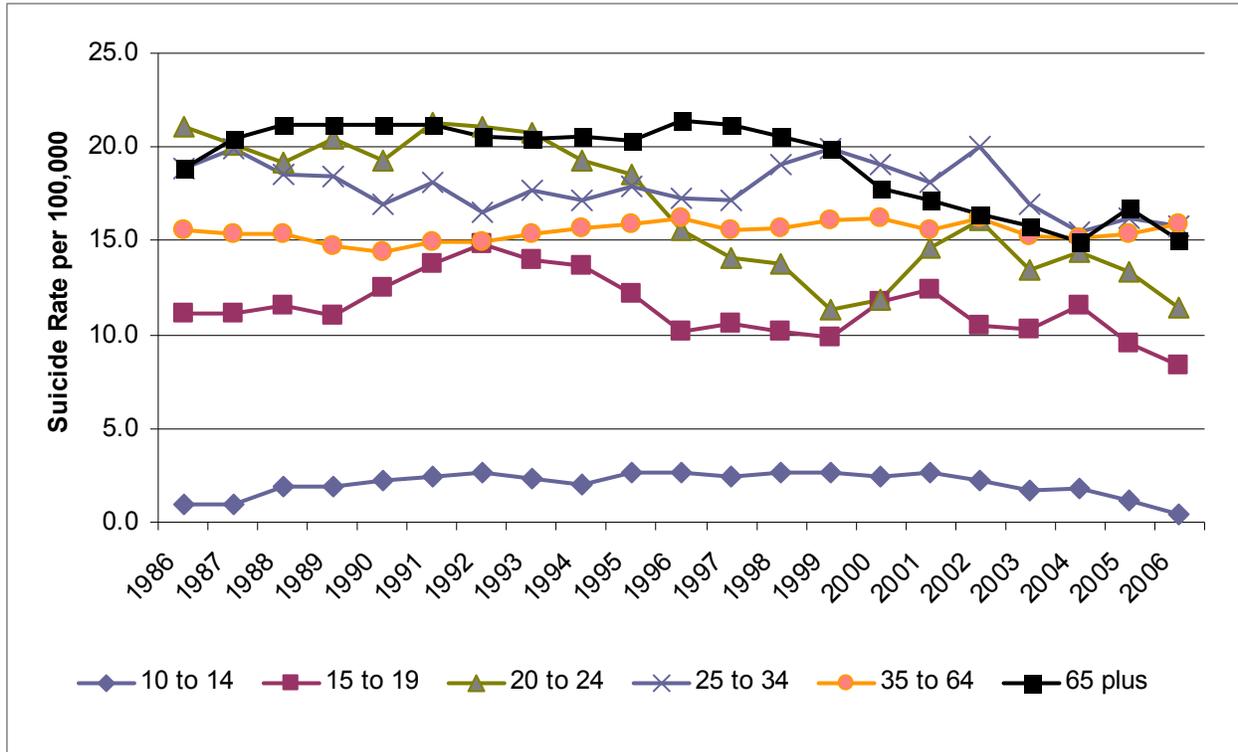
Figure 3. Number of suicide deaths and suicide rate (per 100,000) by age, Maine, 2002-2006



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data are from the Maine Office of Data, Research and Vital Statistics. *Rates based on less than 20 may not be reliable.

- Suicide rates for all age groups have risen and fallen several times over the past 20 years, but among all age groups, suicide rates between 2002-2006 were lower than 10 years ago (1992-1996).

Figure 4. Age-specific suicide rates (per 100,000), Maine, 1986-2006, 5-year trailing averages



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data are from the Maine Office of Data, Research and Vital Statistics.

Suicide and Sex

- In Maine between 2002-2006, males were almost 5 times more likely than females to die by suicide (19.4 per 100,000 versus 4.4 per 100,000, respectively) (Figure 5). This is similar to national sex differences in suicide rates.
- Between 2002-2006, an average of 129 males and 31 females died by suicide each year.
- There have not been significant changes in suicide rates by sex over time (Figure 6).

Figure 5. Suicide rates (per 100,000) by sex, Maine, 2002-2006, ages 10 and older, age-adjusted

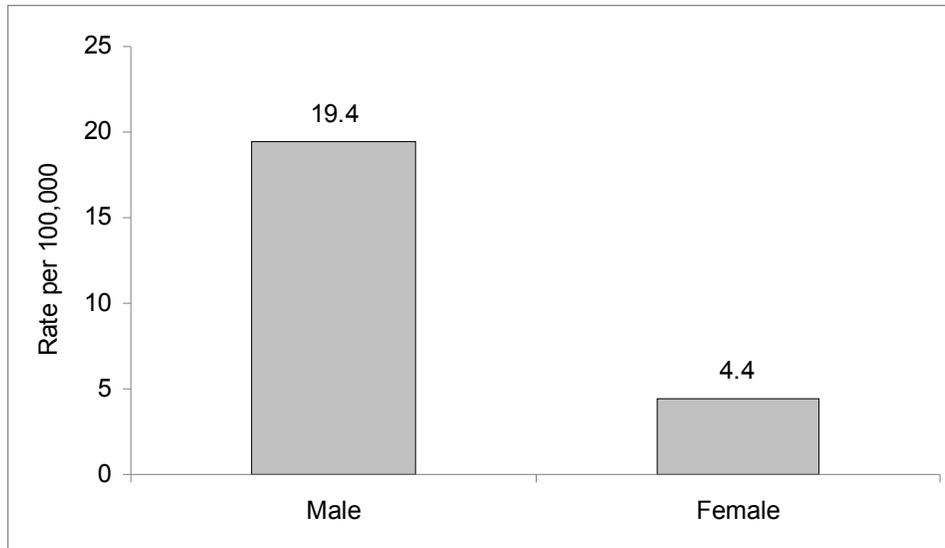
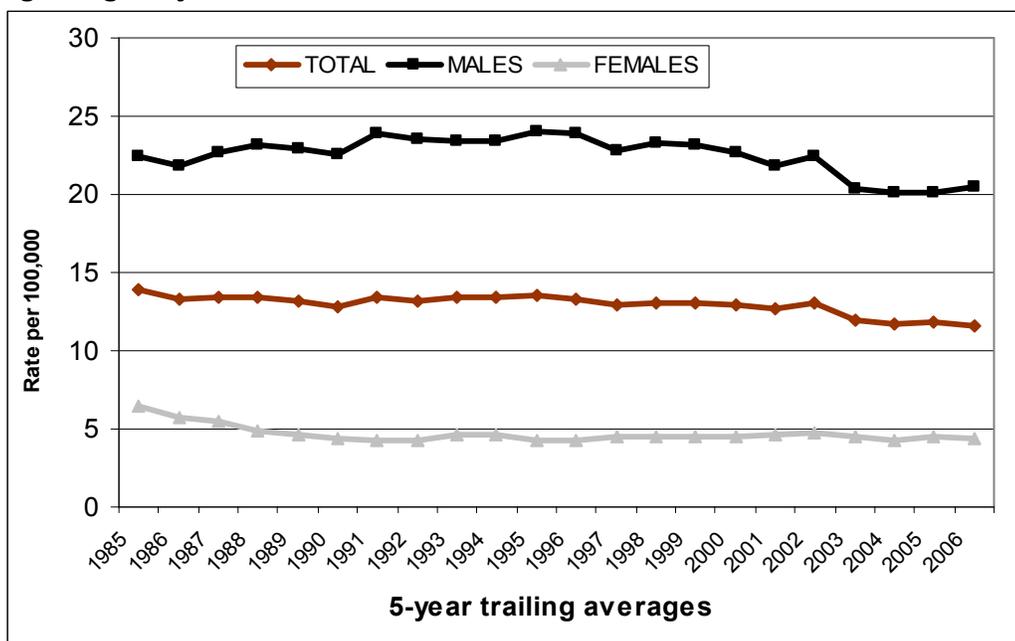


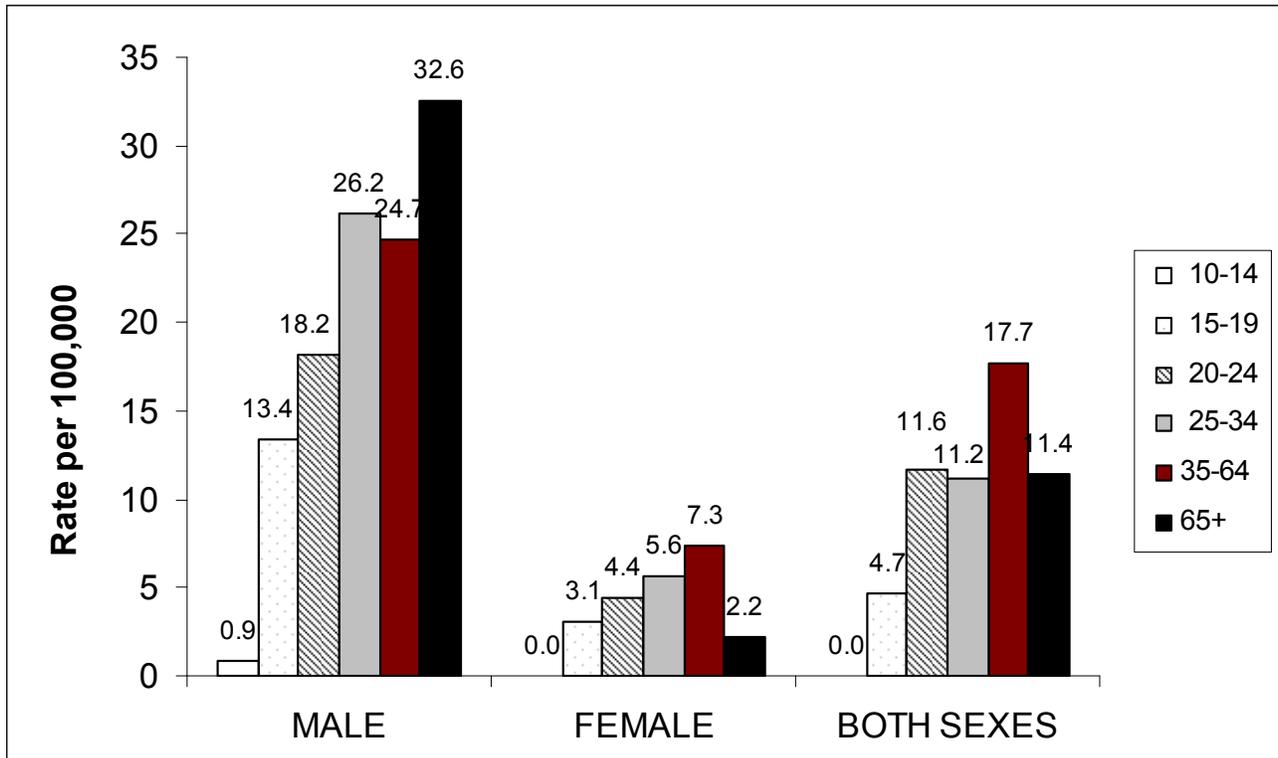
Figure 6. Suicide rates (per 100,000) by sex over time, Maine, 1985-2006, all ages, 5-year trailing averages, age-adjusted.



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data are from the Maine Office of Data, Research and Vital Statistics. Rates are age-adjusted to the US 2000 standard population.

- Males over the age of 65 years have the highest suicide rates (Figure 7).
- Among females, the highest suicide rates are among those age 35-64 years old (Figure 7). The rate of suicide among females aged 35-64 is statistically higher than those of girls under age 20 and females over age 65.

Figure 7. Age and sex-specific suicide rates (per 100,000), Maine, 2002-2006.



Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars
 Rates are age-adjusted to the US 2000 standard population.

Methods of Suicide

- The distribution of the mechanism used in suicide varies across age and sex.
- The use of a firearm was the most common method of suicide across all age groups and accounted for more than half of all suicides in Maine between 2002 and 2006 (54%). The age-adjusted firearm suicide rate between 2002 and 2006 was 6.2 per 100,000.
- Suffocation (hanging) and self-poisoning were the second and third most common causes of suicide respectively; each accounted for 18%-20% percent of all suicides.
- Suffocation was more prevalent in the younger population than poisoning. Among youth aged 15-19 years, 23% of suicides were by suffocation and 8% were self-poisonings.
- Among adults the prevalence of suicide by poisoning was higher among older age groups, exceeding suffocation among those aged 35+. Among adults aged 35-64, 19% of suicides were by suffocation and 26% were self-poisoning.

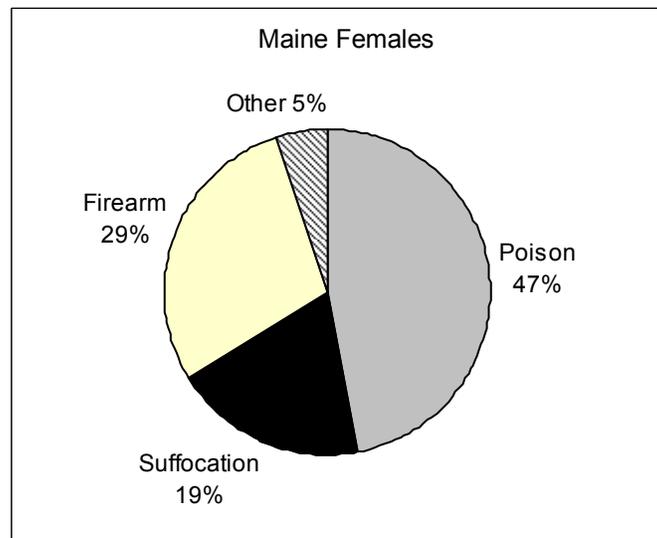
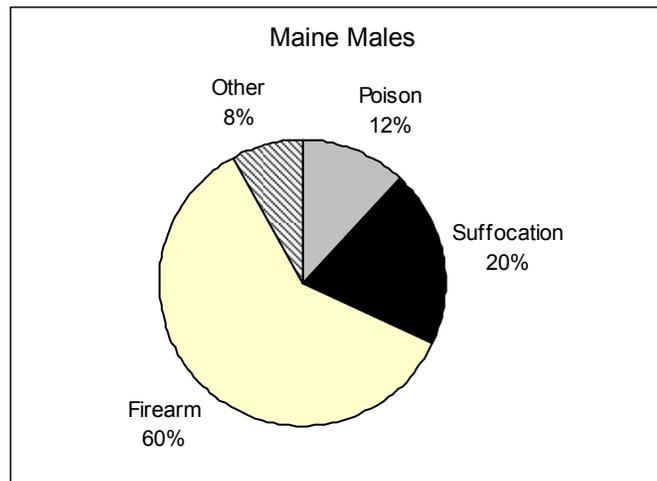
Table 6. Distribution of methods of suicide by age, Maine, 2002-2006.

	10 to 14	15 to 19	20 to 24	25 to 34	35 to 64	65 plus	Total Suicide Deaths Among Ages 10 and Older
Number of Deaths	2	39	48	117	453	143	802
Percentages (%):							
Firearms	50%	59%	56%	48%	46%	82%	54%
Suffocation	50%	23%	38%	31%	19%	5%	20%
Self-Poison/gases	0%	8%	2%	11%	26%	9%	18%
Other methods	0%	10%	4%	10%	9%	4%	8%

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data from the Maine Office of Data, Research and Vital Statistics.

- Between 2002-2006, firearms were the most frequent mechanism for suicide used by males; poisoning was the most frequent mechanism used by females (Figure 8).
- Between 2002 and 2006, a firearm was used in 60 percent of male suicides and 29 percent of female suicides. The firearm rate among males was nearly 10 times higher among males than females (12.2 per 100,000 versus 1.3 per 100,000, respectively).
- Suffocation was the second most frequent method used by males (20 percent).
- Poisoning was used by 47 percent of females who died by suicide; this method was used among 12 percent of males.

Figure 8. Methods of suicide by sex, Maine, ages 10 and older, 2002-2006.

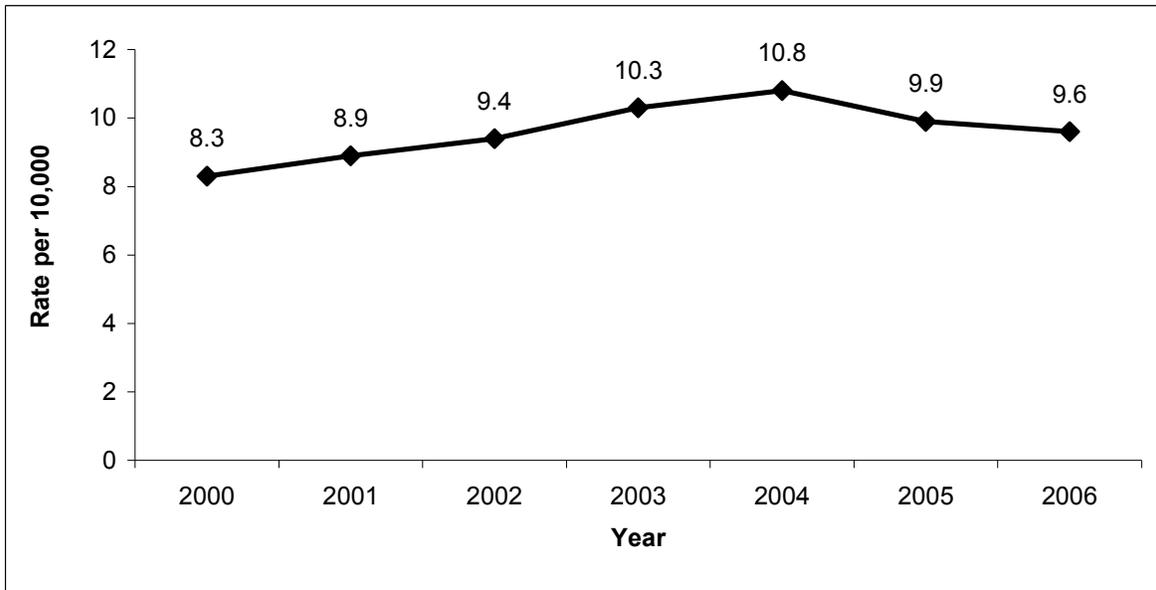


Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data from the Maine Office of Data, Research and Vital Statistics.

Self-inflicted injury requiring medical treatment: Frequency, Rates and Trends

- In 2006, there were 1,096 hospitalizations for intentional self-inflicted injury among Maine residents at Maine non-federal acute care and psychiatric hospitals, a crude rate of 9.6 per 10,000 population aged 10 and older.
- Since 2000, the average number of hospitalizations in Maine for self-inflicted injury has been 1,075 per year.
- Suicide rates are higher today than in the year 2000, but since 2001, there has not been any statistically significant change in hospitalizations for self-inflicted injury (Figure 9).

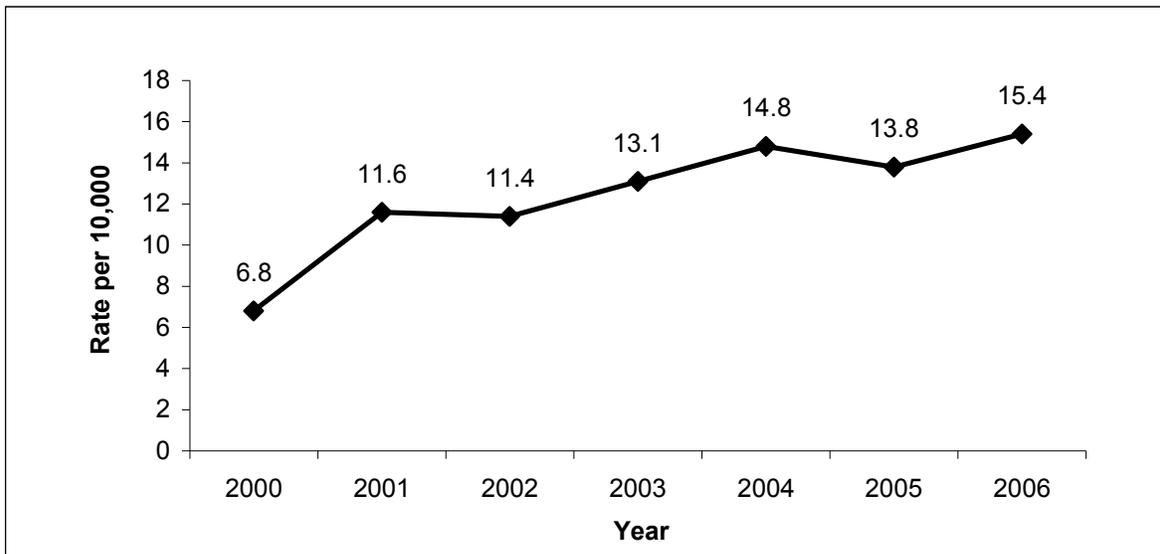
Figure 9. Age-adjusted hospitalization rates (per 10,000) for self-inflicted injury, Maine, ages 10 and older, 2000-2006.



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- In 2006, there were 1,685 outpatient emergency department visits for self-inflicted injury among Maine residents who visited Maine hospitals, a rate of 14.3 per 10,000 population aged 10 and older. This number only includes persons who visited an emergency department and were sent home after treatment; it does not include those who were hospitalized after coming through the emergency department or transferred to another facility.
- Since 2000, the average annual number of outpatient emergency department visits for self-injury in Maine per year has been 1,355.
- There was a significant increase in outpatient emergency department visits for self-inflicted injury between 2000-2006 (Figure 10).

Figure 10. Age-adjusted outpatient emergency department rates (per 10,000) for self-inflicted injury, Maine, ages 10 and older, 2000-2006.

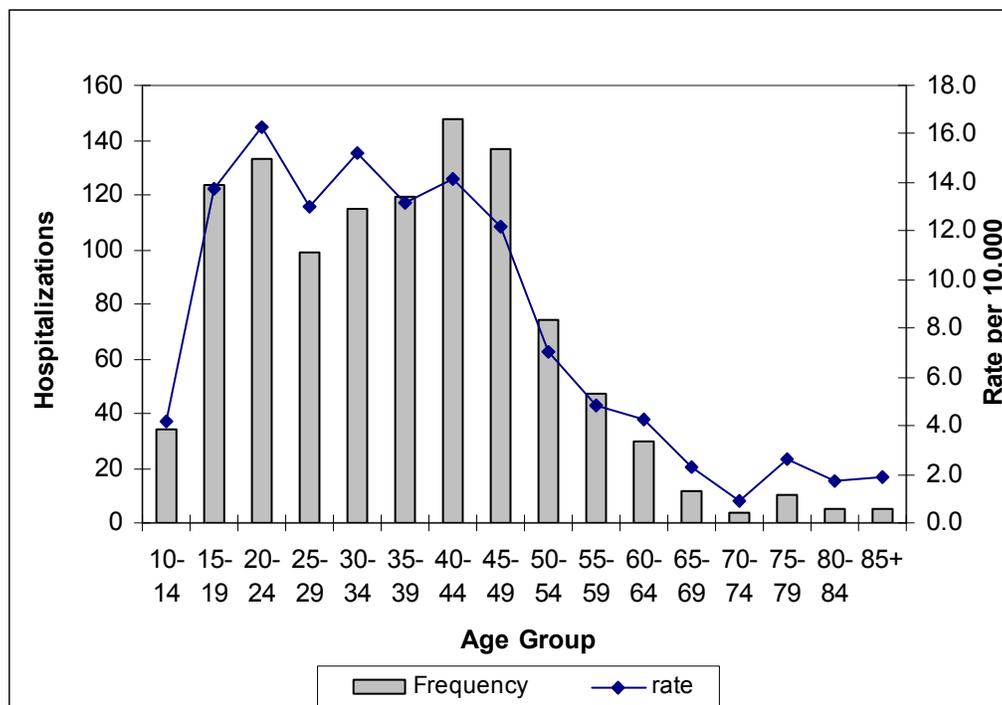


Source: Maine Hospital Outpatient Data, Maine Health Data Organization

Age and self-inflicted injury requiring medical treatment

- Although the highest rates of suicide *deaths* are among adults over age 25 years, youth have higher rates of hospitalization and emergency department outpatient visits for self-inflicted injury (Figure 11).
- In 2006, youth and young adults between the ages of 15-34 had the highest hospitalization rates for self-inflicted injury. The highest rate was among youth age 20-24 (16.3 per 10,000; n=133). The greatest number of suicides was among those age 40-44 (14.1 per 10,000; n=148; Figure 11).
- The lowest hospitalization rates for self-inflicted injury are among adults over age 60, despite the fact that adults over age 85 years have the highest suicide mortality rates.

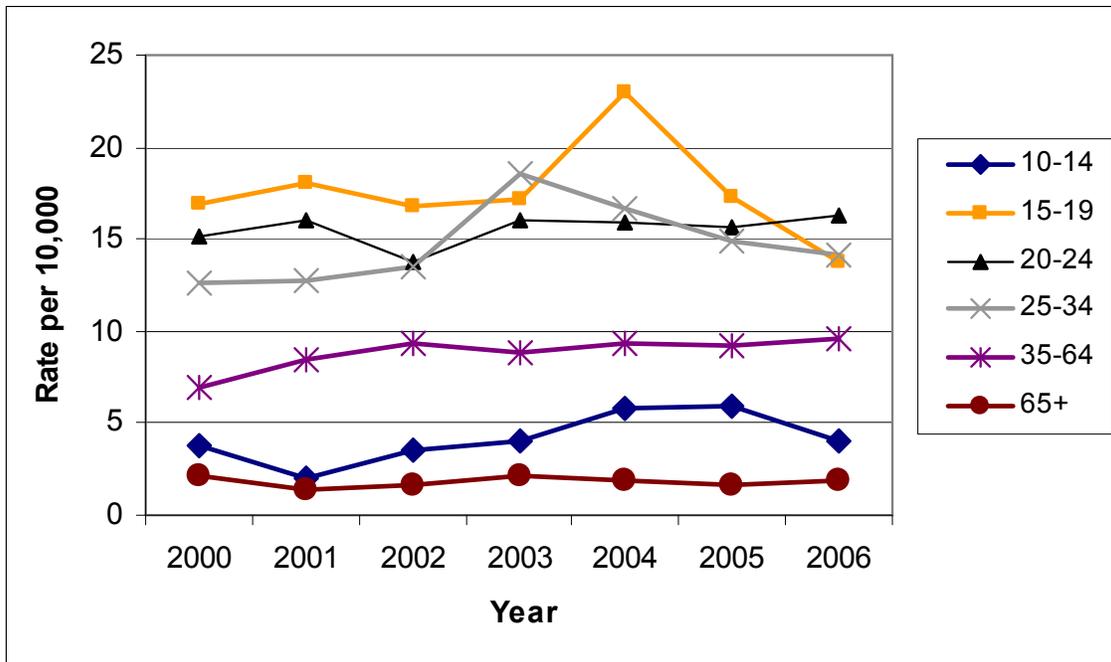
Figure 11. Number of hospitalizations and crude rate of hospitalizations for self-inflicted injury (per 10,000) by age, Maine, 2006



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- Examination of single-year hospitalization rates over time reveals that there has not been a statistically significant change in hospitalization rates for self-inflicted injury in most age groups. In 2004, there was a statistically significant increase in the self-inflicted injury hospitalization rate among 15-19 year old, but this rate has since returned to previous levels (Figure 12).

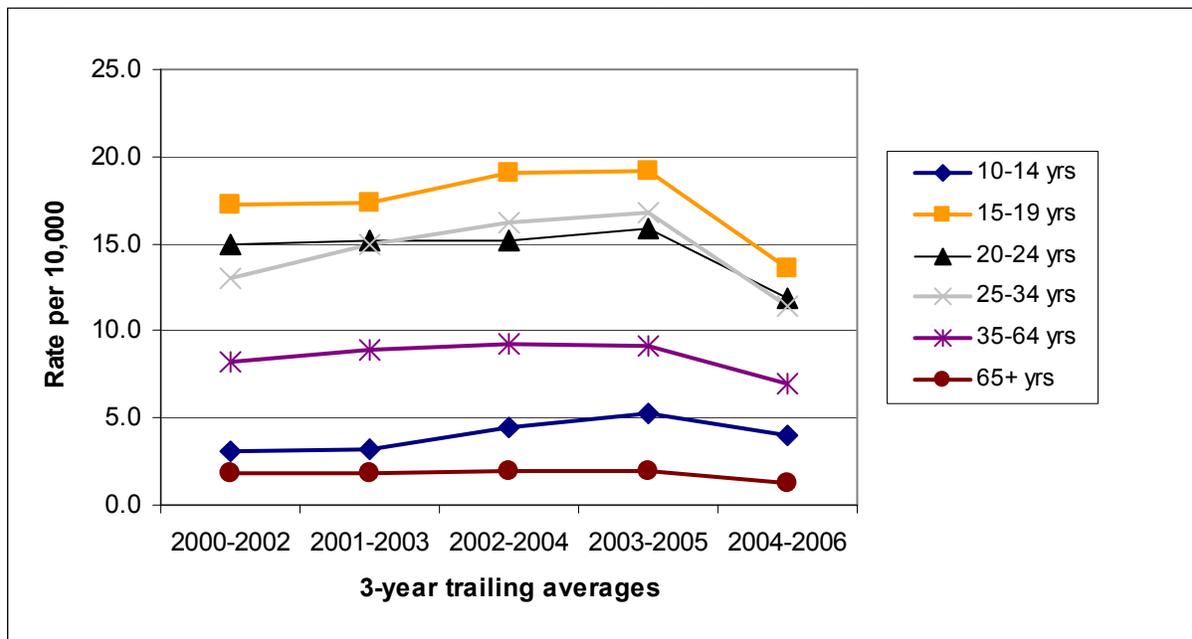
Figure 12. Age-specific hospitalization rates (per 10,000) for self-inflicted injury, Maine 2000-2006



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- Since hospitalization rates can change substantially year-to-year due to relatively small numbers, we present 3-year averages below (Figure 13). Examining three year averages over time, 15-19 year olds consistently have had the highest rate of hospitalization for self-inflicted injury. Those between the ages of 20-34 years have also had high rates with little change over time. Although there does appear to be a small decline in self-inflicted injury hospitalizations in the most recent years of available data (2004-2006).
- Hospitalizations for self-inflicted injury declined within 2004-2006 among 15-19, 20-24, 25-34 and 35-64 year olds.
- The most dramatic declines occurred among youth and young adults age 15-34.
- Adults over age 65 have the lowest rates of hospitalization for self-inflicted injury, despite the fact that they have some of the highest rates of completed suicide.

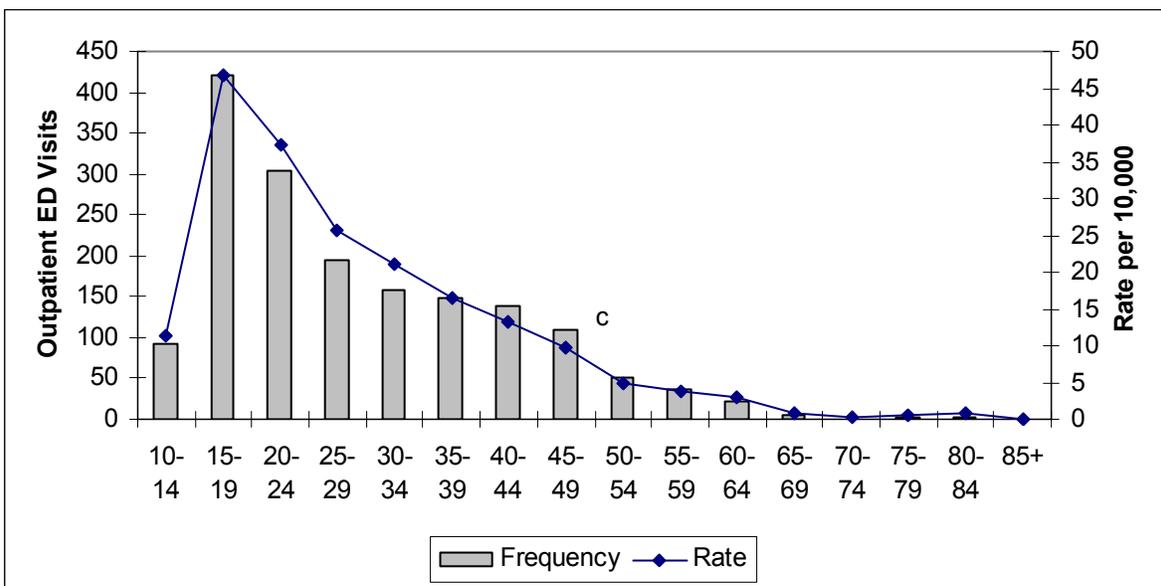
Figure 13. Hospitalization for self-inflicted injury, Maine, 3-year averages, 2000-2006



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- The 2006 age distribution of outpatient emergency department visits for self-inflicted injury was similar to inpatient hospitalizations. Youth between the ages of 15-24 had the highest rates of self-inflicted injury resulting in an outpatient visit to an emergency department (Figure 14).
- The greatest number of outpatient emergency department visits and the highest rate of outpatient emergency department visits for self-inflicted injury was among youth age 15-19 years.
- The lowest outpatient emergency department rate for self-inflicted injury was among adults over age 65.

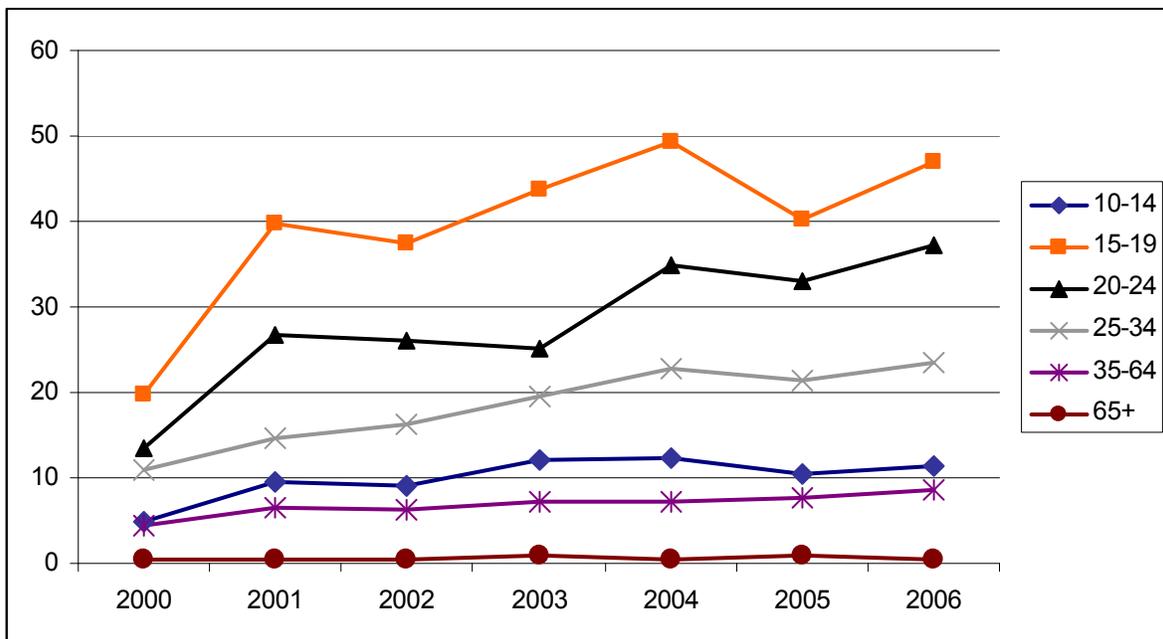
Figure 14. Number of outpatient emergency department visits and age-specific rate (per 10,000) by age, Maine, 2006



Source: Maine Hospital Outpatient Data, Maine Health Data Organization

- Between 2000 and 2006, rates of emergency department outpatient visits for self-inflicted injury increased in all age groups, except among those over age 65 (Figure 15).
- The largest increases were among those age 15-19 years, those age 20-24 years, and those age 25-34 years. Between 2002-2006, there was a 25% increase in outpatient emergency department visits among those 15-19 and a 43% increase among those age 20-24 (Figure 15). This may be partly accounted for by a decrease in inpatient hospitalizations during the same period. Between 2002-2006, there was a 18% decrease in inpatient hospitalizations for self-injury among youth age 15-19. However, there was only a 3% decline in hospitalization rates among those age 20-24. Therefore a change in practice (i.e., fewer hospitalizations) does not fully account for the increase in ED visits for self-inflicted injury among Maine's young adults.

Figure 15. Age-specific outpatient emergency department visits (per 10,000) for self-inflicted injury, Maine, 2000-2006

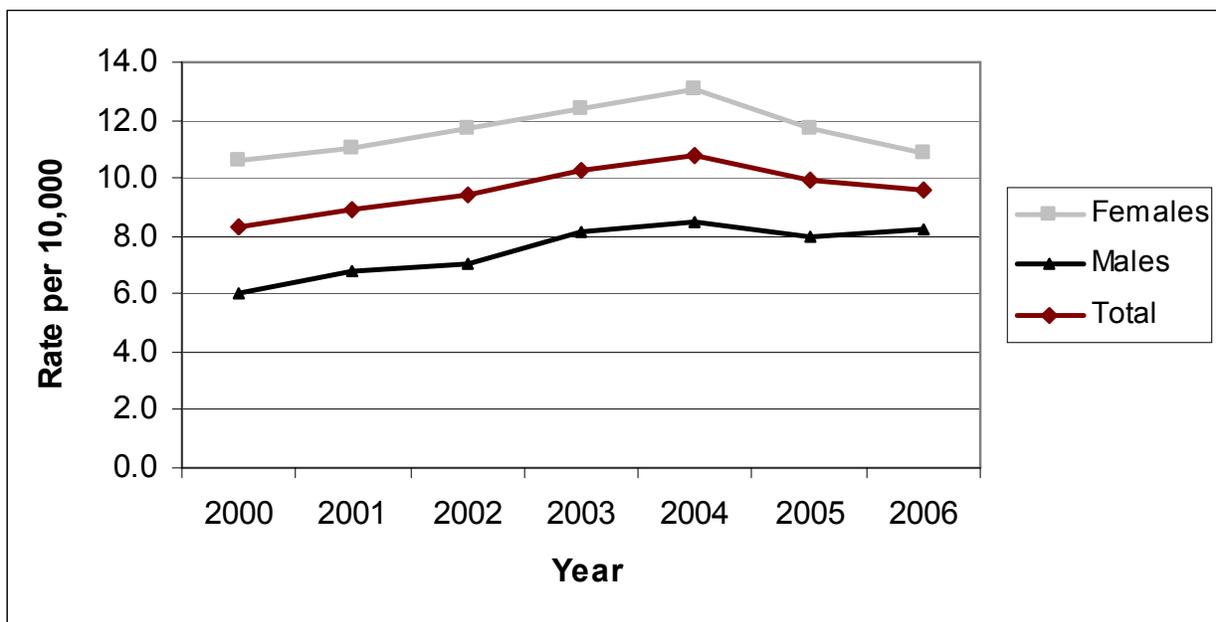


Source: Maine Uniform Hospital Outpatient Discharge Database, Maine Health Data Organization

Sex and self-inflicted injury requiring medical treatment

- In contrast to suicide-related mortality, females are more likely than males to be hospitalized for a self-inflicted injury (Figure 16) and they are more likely to visit an outpatient emergency department visit for a self-inflicted injury (Figure 17).
- Hospitalization rates for females have followed the overall trend in hospitalizations; they peaked in 2004 and declined in the two years that followed (Figure 16).
- Male hospitalization rates for self-inflicted injury have been consistently lower than female hospitalization rates over time. However, male self-inflicted injury hospitalization rates have not declined consistently since their peak of 8.4 per 10,000 in 2004 (Figure 16).

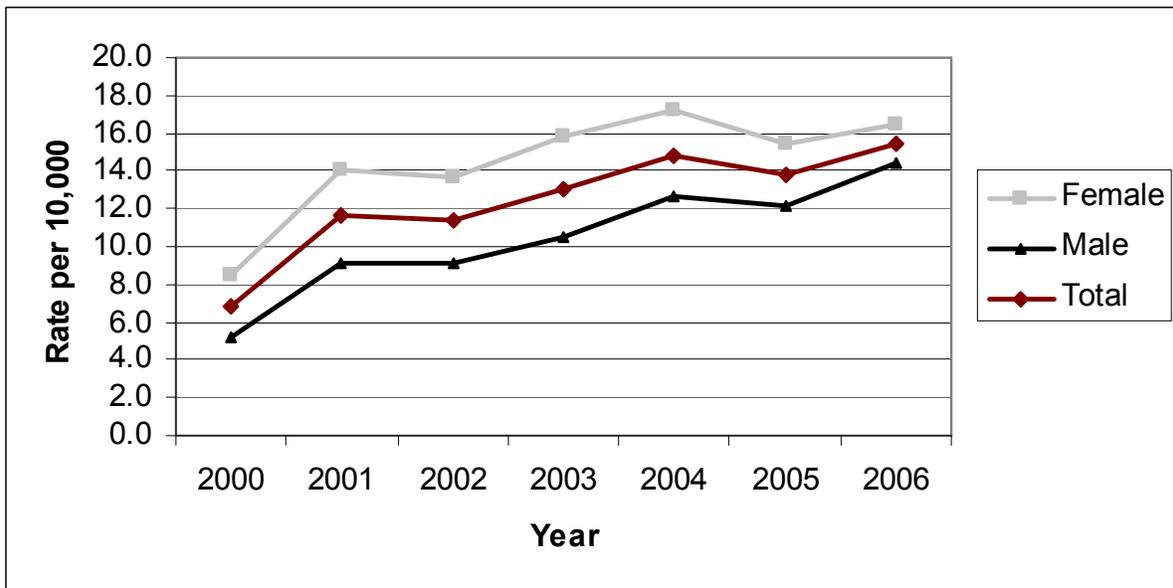
Figure 16. Year and sex-specific hospitalization rates (per 10,000) for self-inflicted injury in Maine, ages 10 and older, age adjusted, 2000-2006.



Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

- Outpatient emergency department visits for self-inflicted injury increased among males and females between 2000 and 2006.
- In 2006, male outpatient emergency department visits for self-inflicted injury were the highest they had been since 2000 and were approximately the same as females (Figure 17). This is a contrast to the pattern seen in inpatient hospital discharge data where there are substantial sex differences.

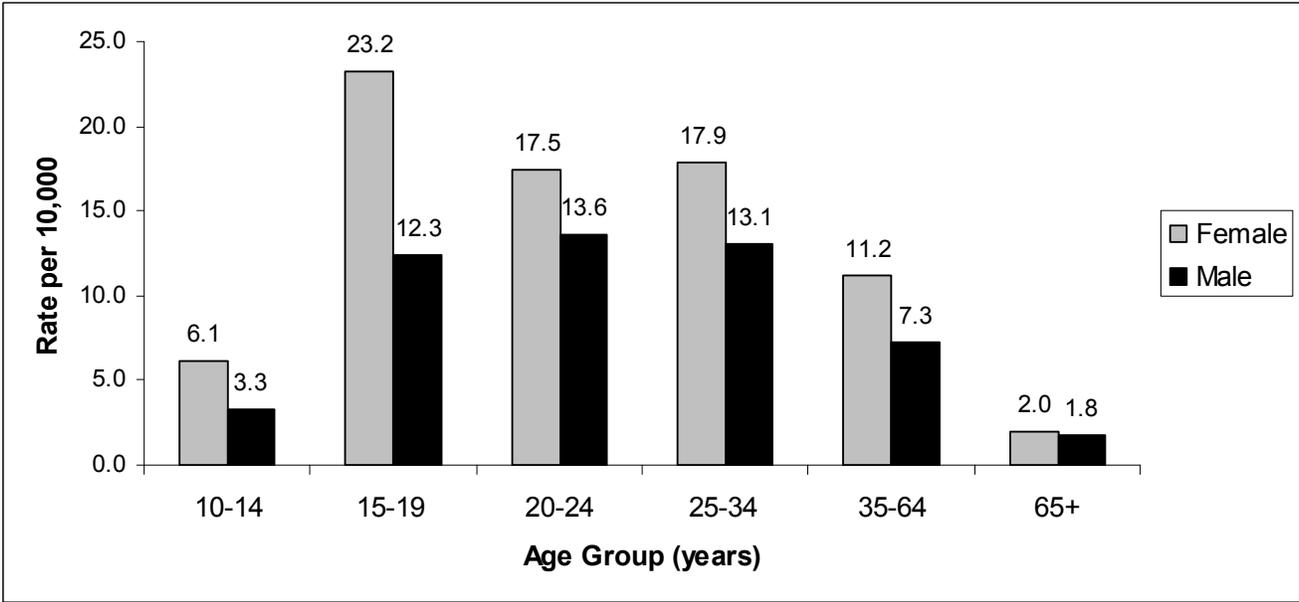
Figure 17. Year and sex-specific outpatient emergency department visit rates (per 10,000) for self-inflicted injury in Maine, ages 10 and older, age adjusted, 2000-2006.



Source: Maine Hospital Outpatient Data, Maine Health Data Organization

- Among all age groups, females were more likely to be hospitalized for self-inflicted injury compared to males between 2002-2006 (Figure 18).
- Among females, the highest hospitalization rates were among girls age 15-19 years followed by females age 25-34 years and those age 20-24 years.
- Males tended to be less likely to be hospitalized for self-inflicted injury across all ages groups compared to females.
- Among males, the highest hospitalization self-inflicted injury rates were among those age 20-24, however young males in the age groups between 15-34 had similar rates of hospitalization for self-inflicted injury.

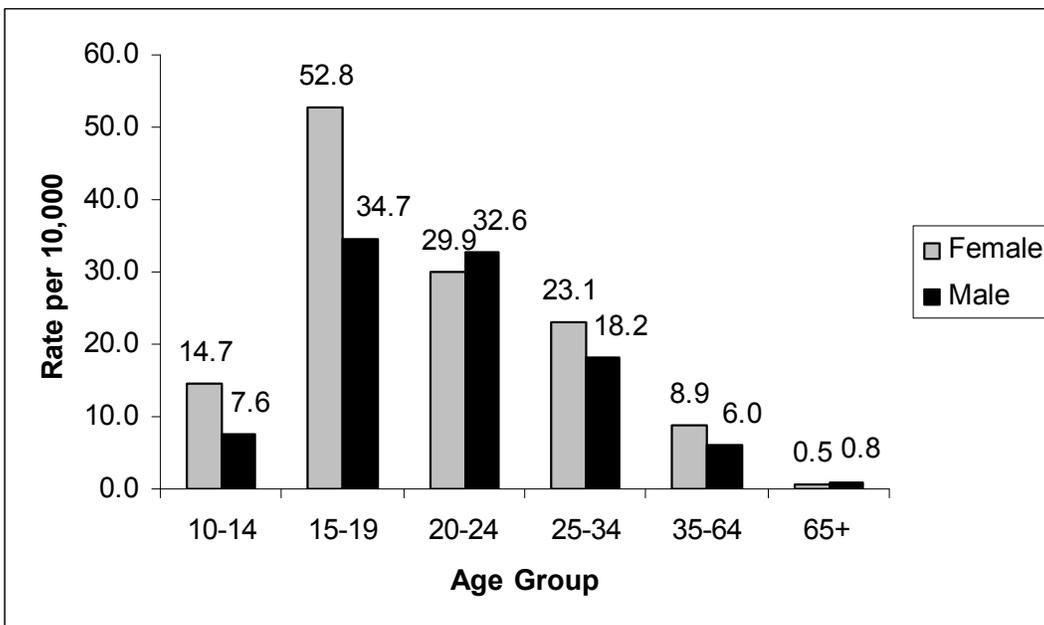
Figure 18. Hospitalization rate (per 10,000) for self-inflicted injury by age and sex, Maine, ages 10 and older, 2002-2006.



Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

- Between 2002-2006, there was less of a differentiation by gender in outpatient ED visits for self-inflicted injury compared to hospitalization. (Figure 19).
- Similar to inpatient self-inflicted injury hospitalization, among females, the highest hospitalization rates between 2002-2006 were among girls aged 15-19 years followed by females aged 20-24 years and those aged 25-34 years.
- Males tended to be less likely to visit an emergency department for self-inflicted injury across most ages groups compared to females, except males aged 20-24.
- Among males, the highest ED outpatient self-inflicted injury rates were among those age 15-24.

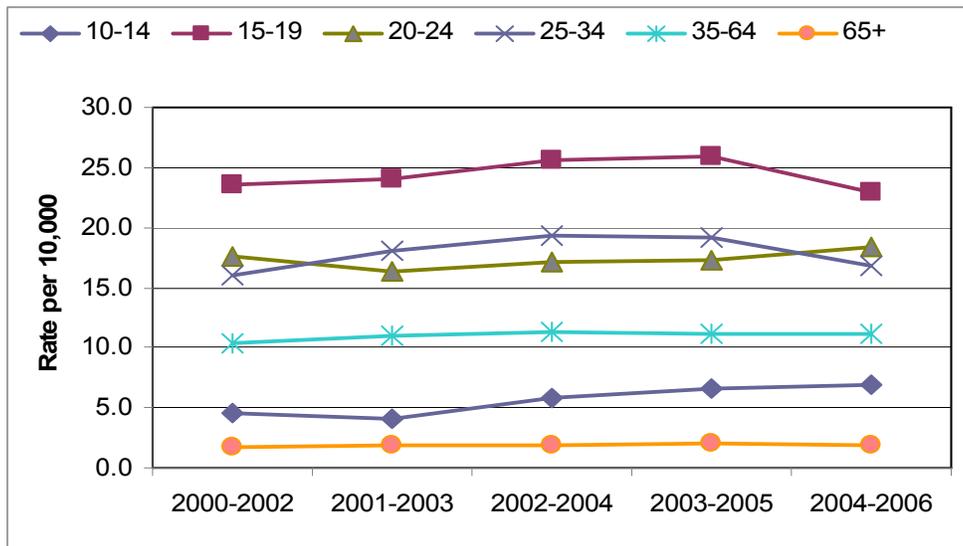
Figure 19. Outpatient emergency department visit rate (per 10,000) for self-inflicted injury by age and sex, Maine, ages 10 and older, 2002-2006.



Source: Maine Hospital Outpatient Database, Maine Health Data Organization

- Based on trailing three-year averages between 2000-2006, 15-19 year old girls have had the highest hospitalization rates for self-inflicted injury and this has not changed significantly over time (Figure 20).
- Among females, there has not been a statistically significant change in the rate of hospitalization for self-inflicted injuries over time among any age group.

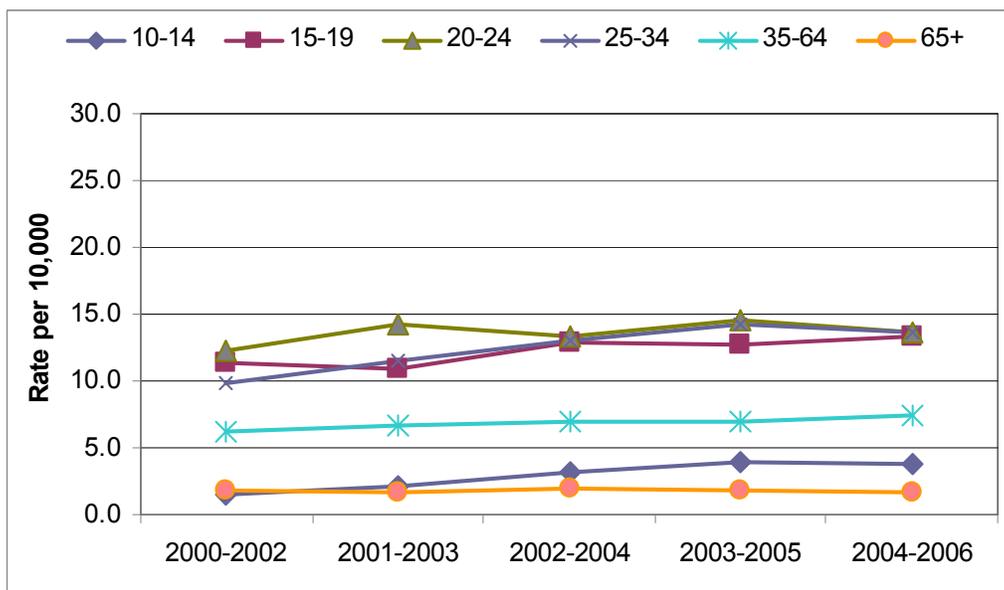
Figure 20. Hospitalizations for intentional self-inflicted injury by age among females, Maine, 2000-2006, 3-year averages.



Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

- Among males, those between the ages of 15-34 have the highest rates of hospitalization for self-inflicted injury (Figure 21). Male self-injury hospitalization rates have not changed significantly over time among any age group (Figure 21).

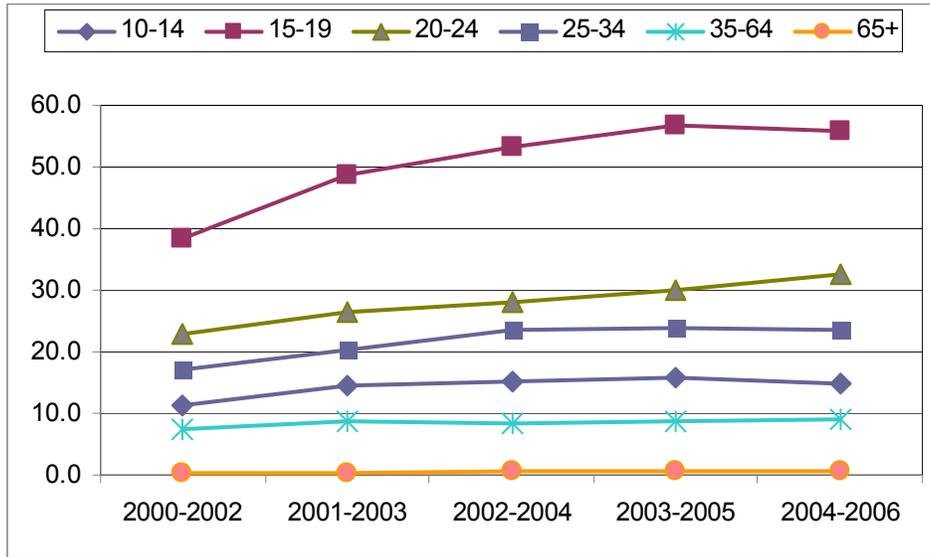
Figure 21. Hospitalizations for intentional self-inflicted injury by age among males, Maine, 2000-2006, 3-year averages.



Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

- For outpatient emergency department visits, rates of self-inflicted injuries have been increasing among females in several age groups, especially those between the ages of 15-19 and 20-24 years (Figure 22).

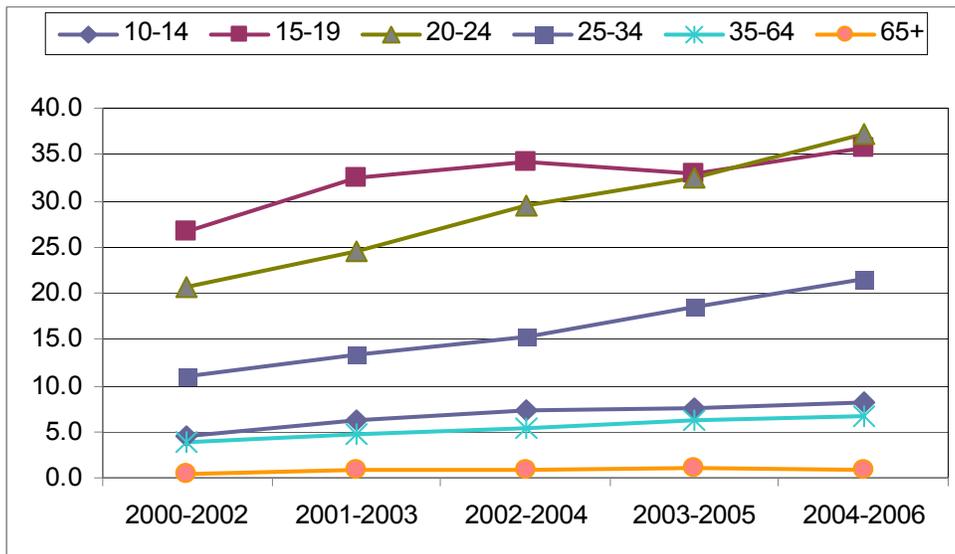
Figure 22. Outpatient emergency department visit rate (per 10,000) for self-inflicted injury among females by age, Maine, 2000-2006, 3 year averages.



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- Outpatient emergency department visits for self-inflicted injury among males have also been increasing over time. This is especially true among males between the ages 15-19, 20-24 and 25-34 years (Figure 23).

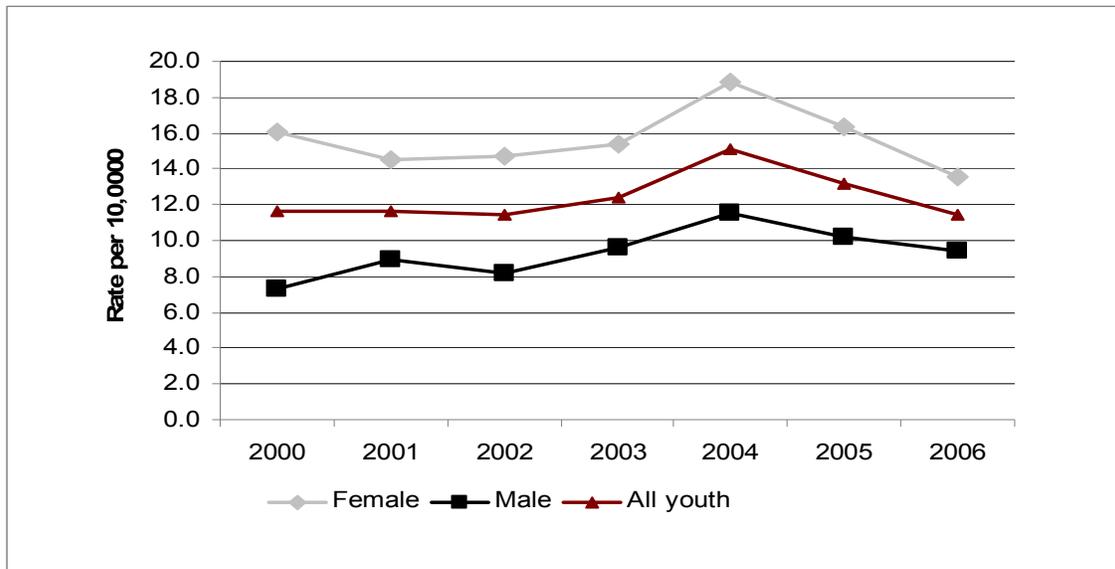
Figure 23. Outpatient emergency department rate (per 10,000) for intentional self-inflicted injury among males by age, Maine, 2000-2006, 3-year averages.



Source: Maine Hospital Outpatient Data, Maine Health Data Organization

- Rates of hospitalization for self-inflicted injury among youth age 10-24 reached a high of 18.9 per 10,000 in 2005, but decreased in 2005 and 2006. This pattern held for both females and males (Figure 24).

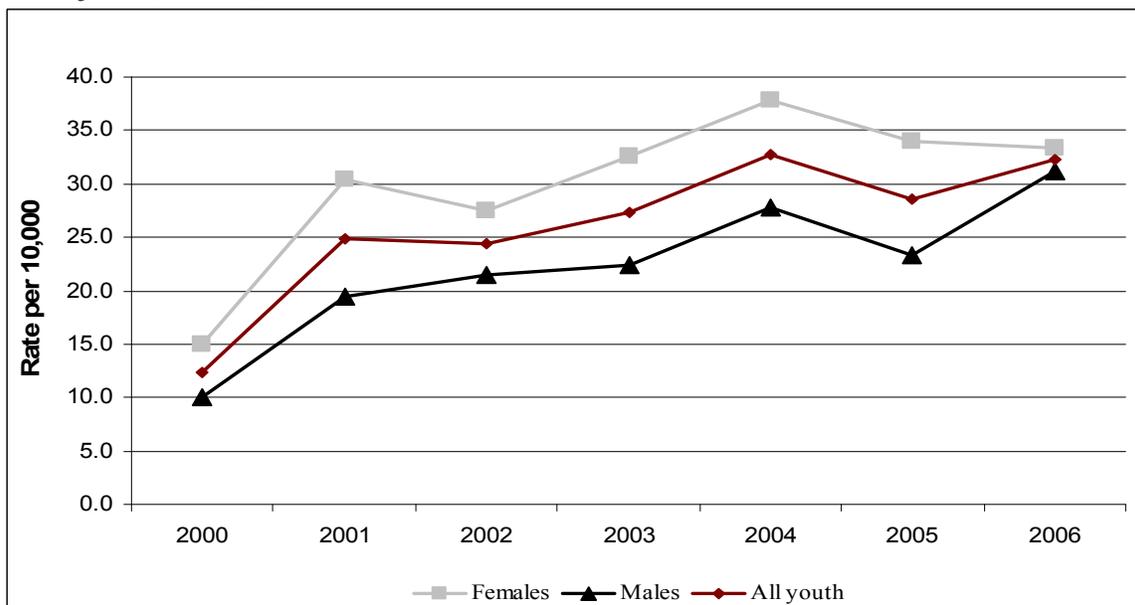
Figure 24. Hospitalizations for self-inflicted injury by sex among youth aged 10-24 years, Maine, 2000-2006.



Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- The outpatient emergency department visit rate for self-inflicted injury among males age 10-24 years in 2006 was the highest it had been since 2000 and was statistically higher in 2006 compared to 2005, but it is unclear whether this trend will continue.
- Among females age 10-24 years, 2006 outpatient ED visits for self-inflicted injury were also the highest we have seen since 2000, but were not statistically higher than rates since 2001 (Figure 25).

Figure 25. Outpatient emergency department visits for self-inflicted injury by sex among youth aged 10-24 years, Maine, 2000-2006.

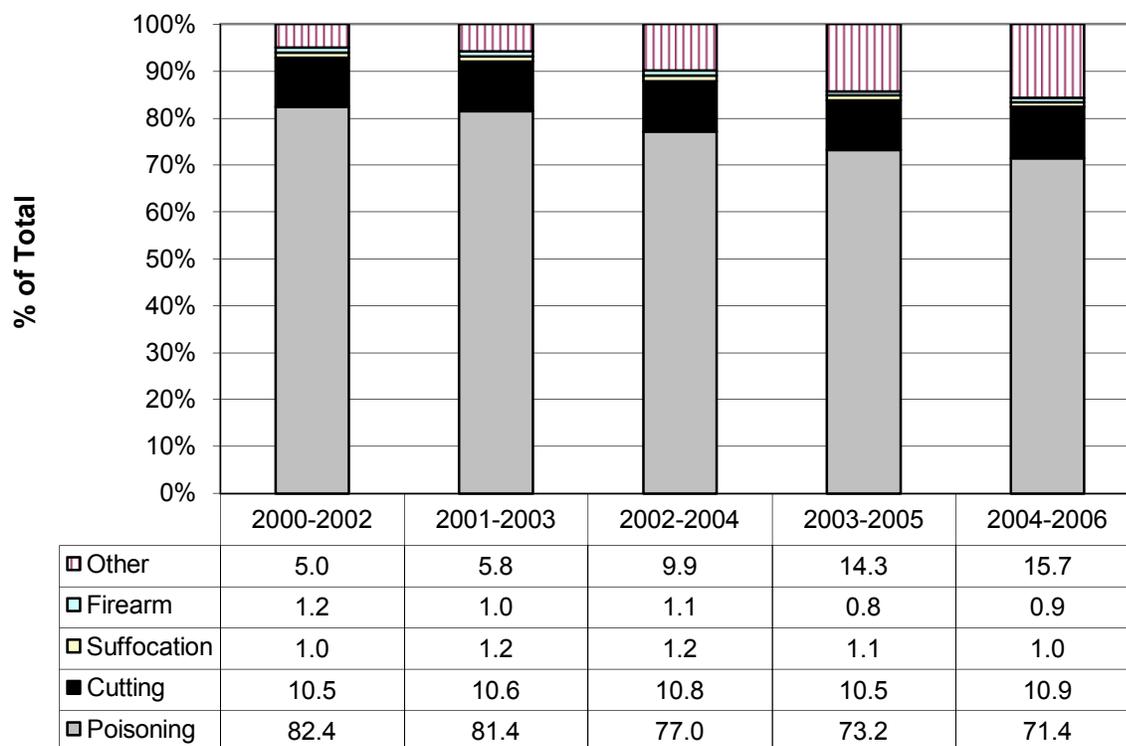


Source: Maine Hospital Outpatient Data, Maine Health Data Organization

Methods of self-inflicted injury requiring medical treatment

- Based on 3-year averages since 2000, self-poisonings have declined as the primary cause of self-inflicted injury hospitalization moving from 82.4% between 2000-2002 to 71.4% in 2004-2006 (Figure 26).
- Despite this change in self-inflicted poisoning, we do not see a rise in self-inflicted firearm, suffocation, or cutting hospitalizations. The increase appears in the “other” category, which includes jumping and drowning, but also other methods not specified in the data.
- About 1 in 10 self-inflicted injury hospitalizations are due to cutting; hanging/suffocation and firearms each account for about 1.0% of self-inflicted injury hospitalizations.
- Comparing the hospitalization data to mortality statistics, it is evident that the more lethal means of suicide (firearm and suffocation) are less prevalent among those who are hospitalized for self-inflicted injury; the more prevalent causes for self-inflicted injury hospitalization are those that are less likely to result in death.

Figure 26. Cause-specific distribution of self-inflicted injury hospitalizations, Maine, 2000-2006, 3-year averages.



3-year moving averages

Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- In Maine, among both males and females, self-poisoning has been the leading cause of hospitalization for self-inflicted injury, accounting for more than 3 out of 4 intentional self-inflicted injury cases (Table 7).

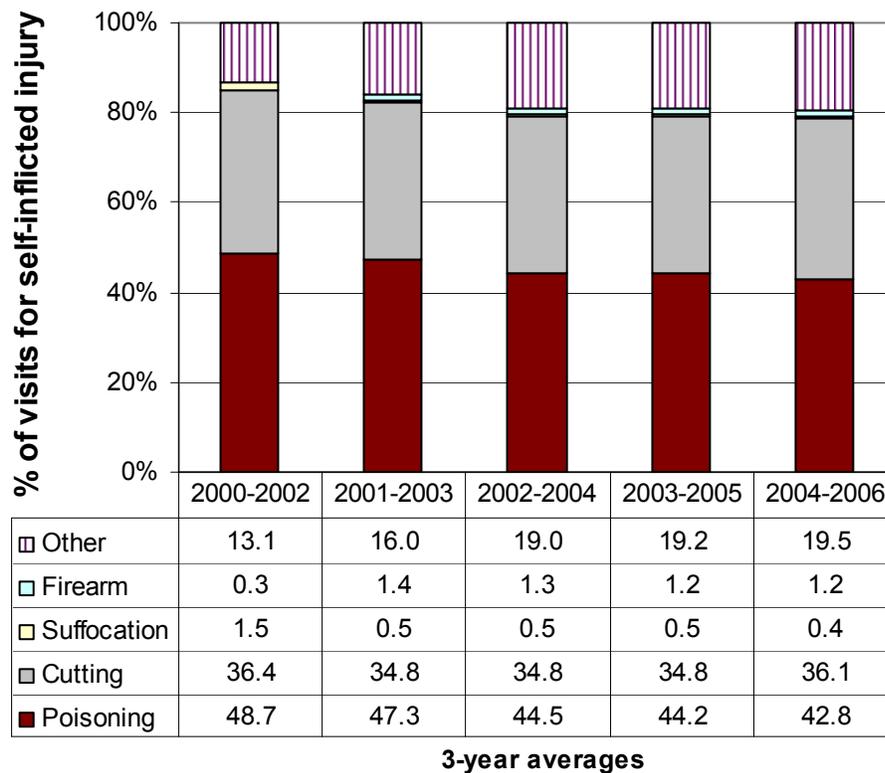
Table 7. Cause-specific distribution of self-inflicted injury hospitalizations by sex, Maine, 2000-2006.

Method of Injury	Overall		Male		Female	
	Total	% of total	# of Visits	% of total	# of Visits	% of total
Self-Poisoning	5793	76.9	2091	71.6	3702	80.2
Cutting	817	10.8	361	12.4	456	9.9
Other	794	10.5	364	12.5	430	9.3
Hanging	79	1.0	56	1.9	23	0.5
Firearm	75	1.0	52	1.8	23	0.5
Jumping	35	0.5	16	0.5	19	0.4
Drowning	3	0.0	2	0.1	1	0.0
Total	7535	100.8	2921	100.7	4614	100.9

Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

- Similar to inpatient hospitalizations for self-inflicted injury, self-poisoning has been the leading cause of intentional self-inflicted injury among those with an outpatient emergency department visit. However, self-poisoning as the primary method of self-inflicted injury among those receiving outpatient treatment at an emergency department has decreased from 48.7% in 2000-2002 to 42.8% in 2004-2006 (Figure 27).
- Firearm, suffocation and cutting have not increased as methods of self-inflicted injury among those visiting the emergency department, but the “other” category has increased slightly over time.

Figure 27. Cause-specific distribution of self-inflicted injury outpatient emergency department visits, Maine, 2000-2006, 3-year averages.



Source: Maine Hospital Outpatient Data, Maine Health Data Organization

- In Maine, among both males and females, self-poisoning has been the leading cause of an outpatient emergency department visit for self-inflicted injury (Table 8).
- Among males, 38% of those presenting with a self-inflicted injury are there due to self-poisoning; 1 in 3 are there for cutting, and 1 in 4 were “other” or “unspecified.”
- Among females, half of those presenting with a self-inflicted injury poisoned themselves, 38% cut themselves and 1 in 10 were “other” or “unspecified.”

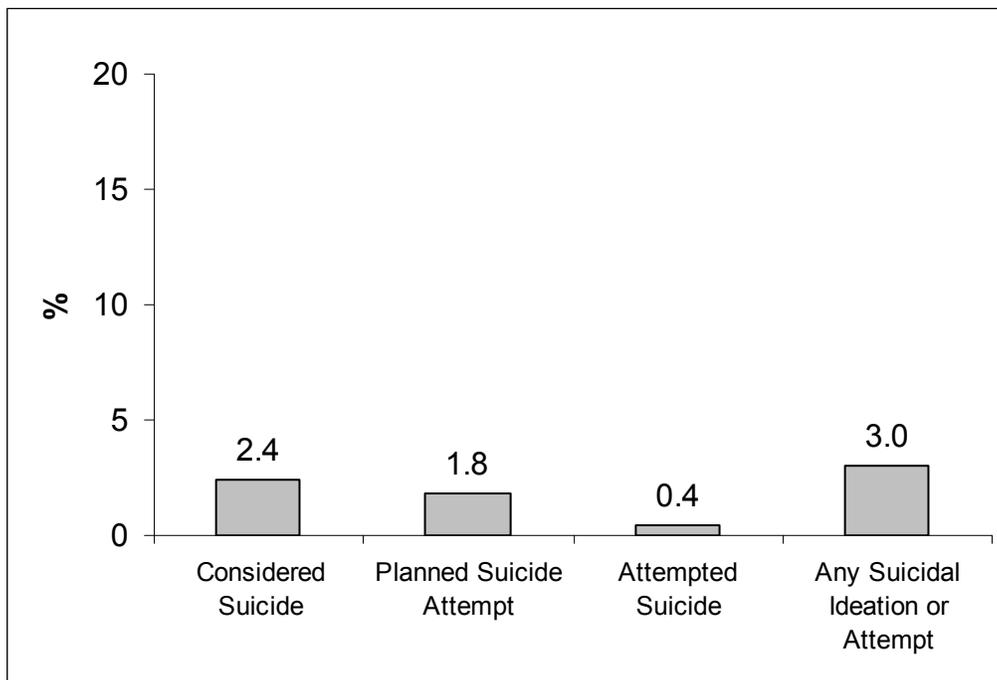
Table 8. Cause-specific distribution of self-inflicted injury outpatient emergency department visits by sex, Maine, 2000-2006.

Method of Injury	Total		Male		Female	
	# of Visits	% of total	# of Visits	% of total	# of Visits	% of total
Self-Poisoning	4256	44.9	1496	37.6	2760	50.1
Cutting	3409	35.9	1300	32.7	2109	38.3
Other/Specified/Unspecified	1613	17.0	1035	26.0	578	10.5
Hanging/suffocation	123	1.3	87	2.2	36	0.7
Firearms	42	0.4	37	0.9	5	0.1
Jumping	37	0.4	20	0.5	17	0.3
Drowning	5	0.1	3	0.1	2	0.0
Total	9485	100.00	3978	100.0	5561	100.0

Self-reported suicide ideation and attempts: Prevalence and Trends

- Many suicide attempts do not result in death or come to the attention of medical professionals.
- According to Maine's Behavioral Risk Factor Surveillance System (BRFSS), a statewide representative survey of adults over age 18 in Maine, in 2006-2007 2.4% of adults considered suicide in the previous 12 months and 1.8% made a plan about taking their life. About 1 in every 250 adults in Maine (0.4%) attempted suicide within the previous 12 months.
- Overall, 3.0% of Maine adults either considered, planned or attempted suicide in a 12-month period; about 31,000 adults each year (Figure 28).

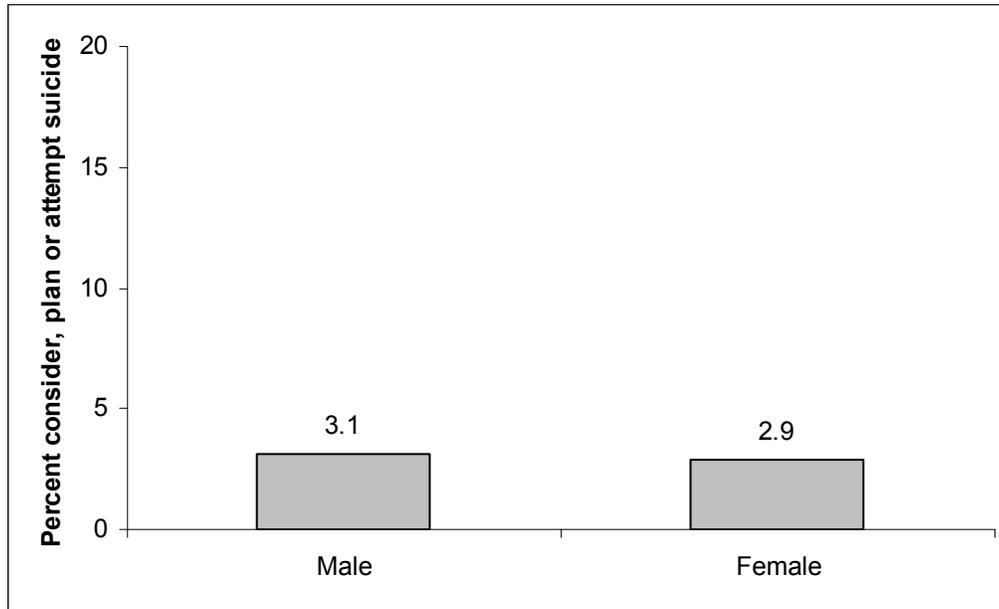
Figure 28. Prevalence of suicide ideation and attempts among Maine adults age 18 and older, 2006-2007.



Source: Maine Behavioral Risk Factor Surveillance System (BRFSS) 2006-2007

- 3.1% of adult males and 2.9% of adult females considered, planned or attempted suicide within the past year. There was no statistical difference in self-reported suicidal behavior by sex (Figure 29).

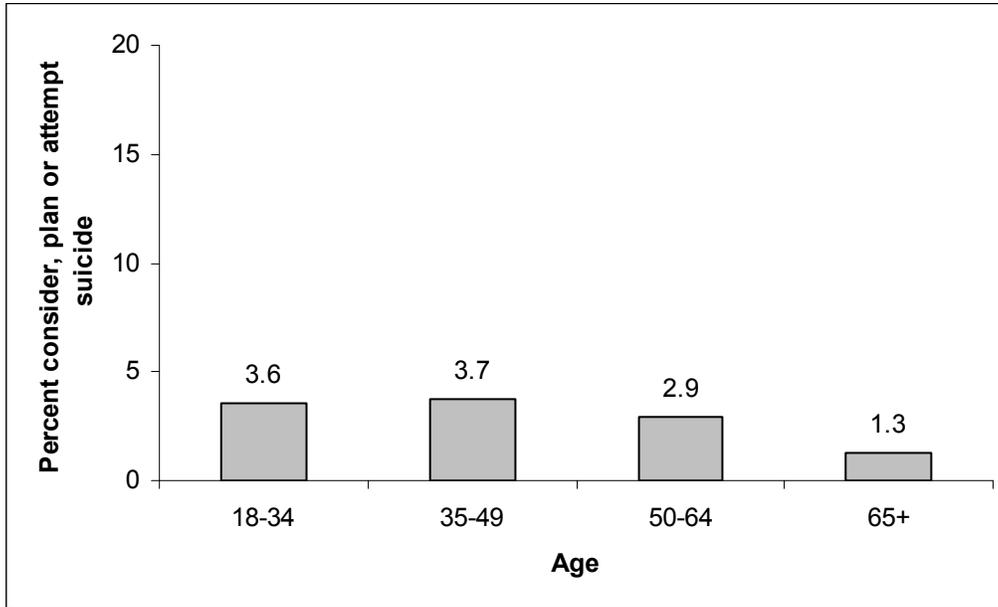
Figure 29. Percent of Maine adults who considered, planned or attempted suicide in the past 12 months by sex, 2006-2007.



Source: Maine Behavioral Risk Factor Surveillance System (BRFSS) 2006-2007

- The oldest adults in Maine, those over age 65, were less likely to have considered or attempted suicide within the past year compared to those under age 65 (Figure 30).

Figure 30. Prevalence of suicide ideation and attempts among Maine adults by age, 2006-2007.

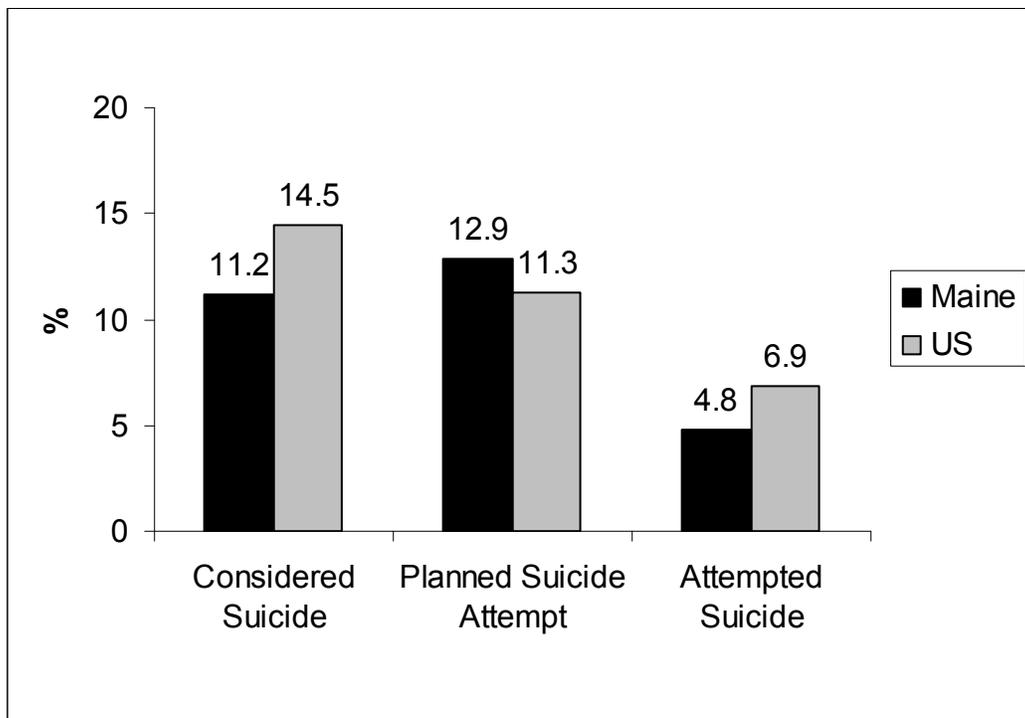


Source: Maine Behavioral Risk Factor Surveillance System (BRFSS) 2006-2007

- Based on data from Maine’s 2007 Youth Risk Behavior Survey, a representative survey of high school students in the state (Figure 30):
 - More than 1 in 10 (11.2%) of high school students considered attempting suicide in the previous 12 months;
 - 12.9% made a plan about how they would attempt suicide;
 - 4.8% actually attempted suicide within the previous 12 months – about 1 in every 20 high school students.

- Maine students are similar to high school students across the US (Figure 31).

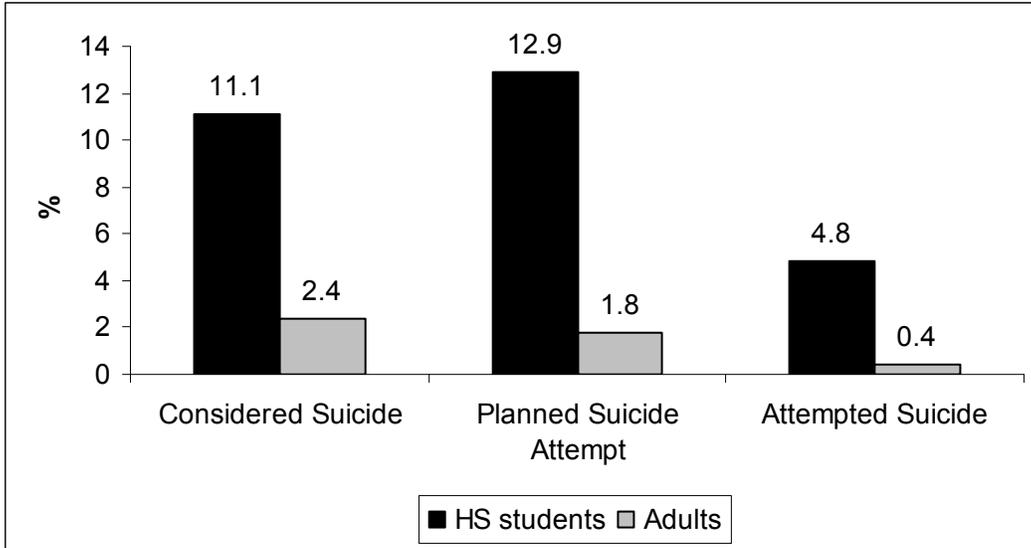
Figure 31. Prevalence of suicide ideation and attempts among Maine high school students, 2007.



Sources: Maine Youth Risk Behavior Survey; National Youth Risk Behavior Survey

- Comparing data from Maine’s BRFSS and YRBS surveys, we see that adolescents are 5 times more likely to report considering suicide in the past year and attempting suicide compared to adults (Figure 32). It is difficult to interpret the magnitude of this difference. Although the survey questions are similar, adults complete the BRFSS over the phone and adolescents complete an anonymous written survey in their classroom. It is possible that the survey methodology contributes to the striking differences in the results. However, the high percent of adolescents reporting suicide ideation is consistent with the high rates of hospitalization and outpatient emergency department visits for self-inflicted injury among youth for self-injury in Maine.

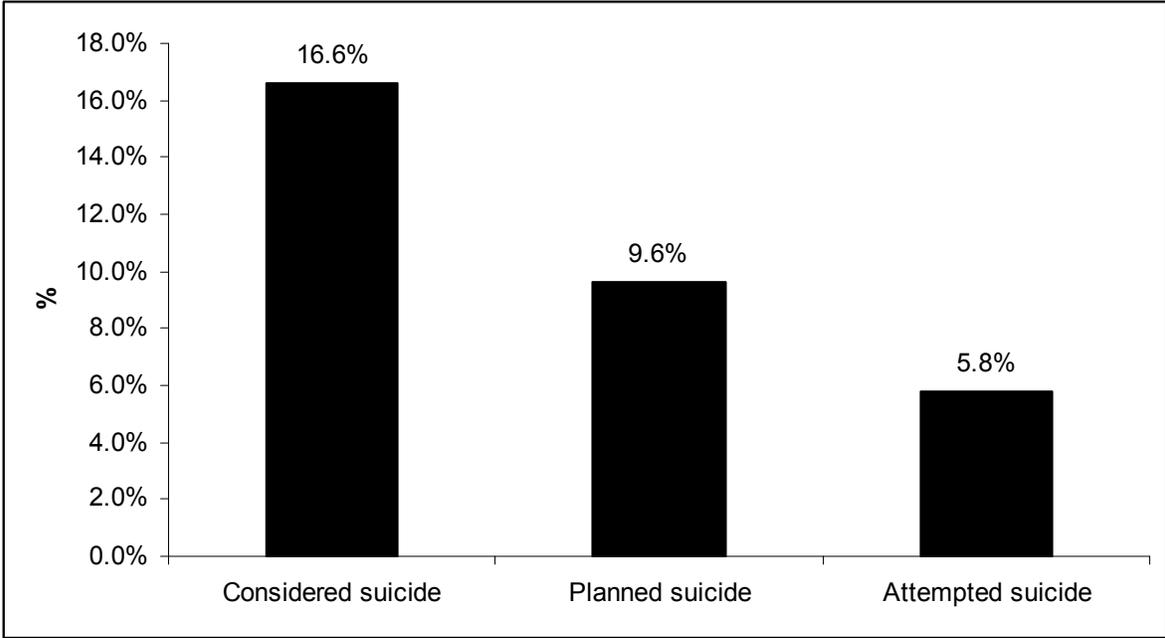
Figure 32. Suicide ideation and attempts within the past 12 months among Maine high school students and adults.



Source: High school students: Maine Youth Risk Behavior Survey, 2007
 Adults: Maine Behavioral Risk Factor Surveillance System, 2006-2007

- Based on data from Maine’s 2007 Middle School Youth Risk Behavior Survey, a representative survey of middle school students in the state (Figure 33):
 - Approximately 17% of middle students reported ever having considered killing themselves;
 - 9.6% had ever made a plan about how they would attempt suicide;
 - 5.8% actually attempted suicide within their lifetime.

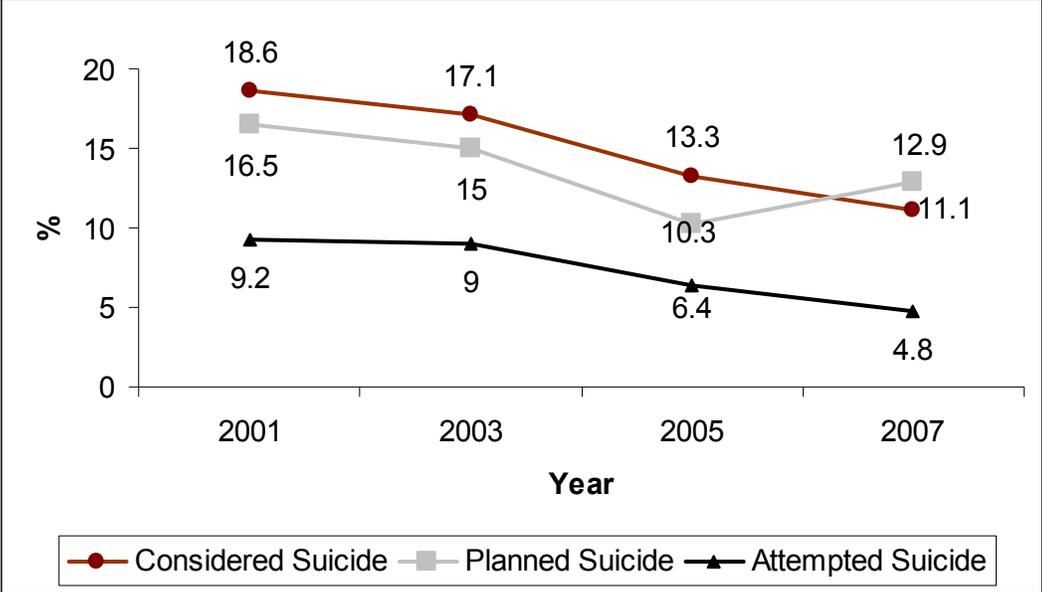
Figure 33. Prevalence of lifetime suicide ideation and attempts among Maine middle school students, 2007.



Sources: Maine Youth Risk Behavior Survey- Middle School 2007

- Data on self-reported suicide among youth has been collected using the YRBS over several years. Suicidal ideation and behavior have decreased since 2001 (Figure 34).

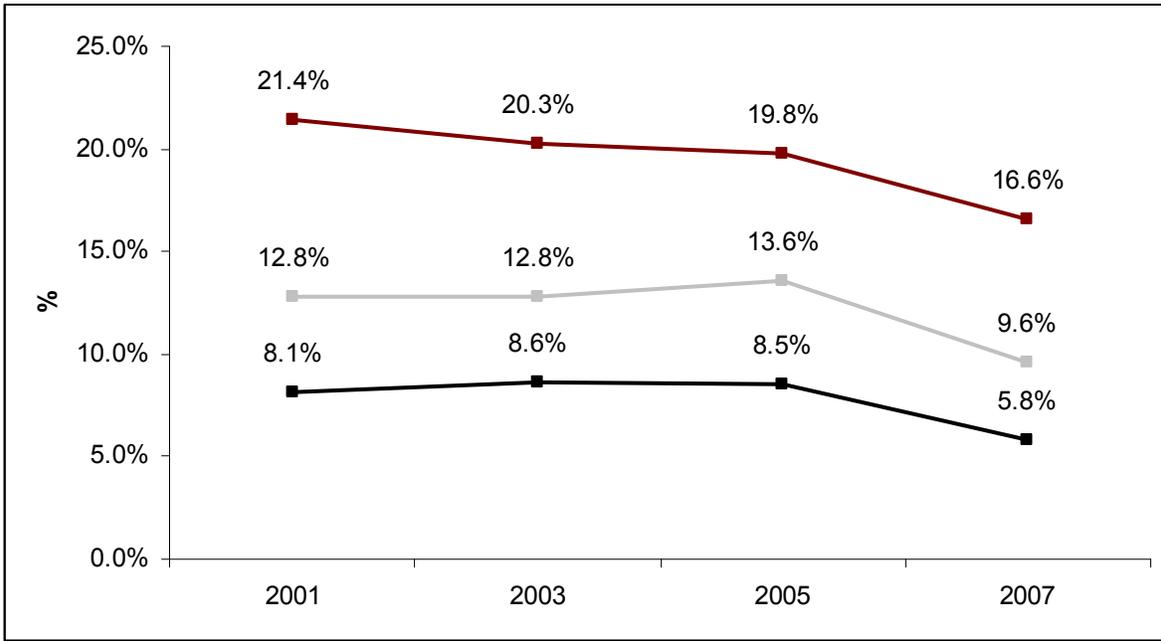
Figure 34. Suicide ideation/attempts among Maine high school students over time, 2001-2007.



Source: Maine Youth Risk Behavior Survey

- Among middle school students in Maine, fewer students in 2007 reported ever considering, planning or attempting suicide compared with 2005 and prior years. (Figure 35).

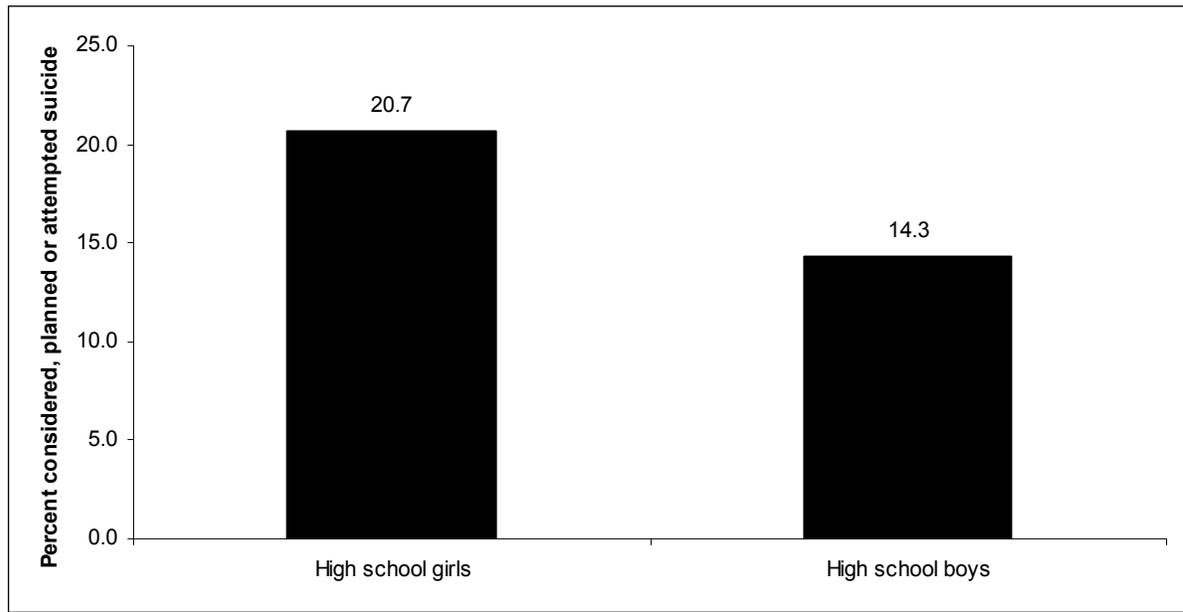
Figure 35. Lifetime self-reported suicide ideation and attempts among Maine middle school students over time, 2001-2007.



Source: Maine Youth Risk Behavior Survey

- About 1 in 5 high school girls and 14% of boys reported any suicide ideation or behavior (i.e., considered, planned or made an attempt) in the 12 months preceding the 2007 YRBS. Although it appears that high school girls are more likely than boys to self-report considering, planning or making a suicide attempt in the past year, the difference is not statistically significantly different.

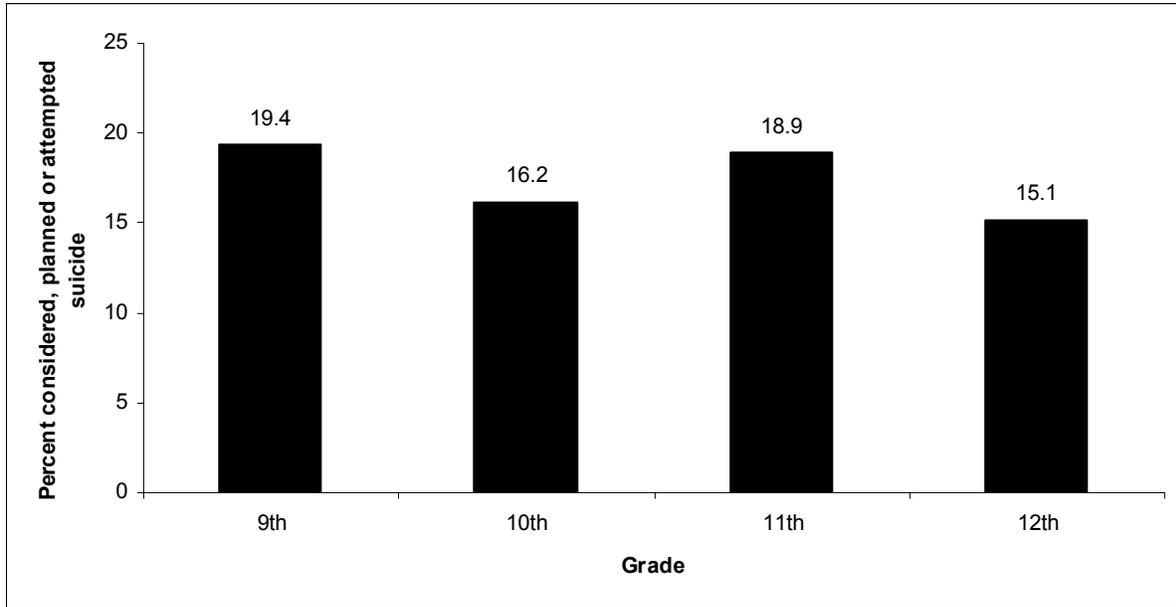
Figure 36. Percent of Maine high schools students who reported considering, planning or attempting suicide within the past year by sex, 2007.



Source: Maine Youth Risk Behavior Survey, 2007

- There was no statistically significant difference between in the percent of students who reported any suicidal ideation or behavior by grade (Figure 37).

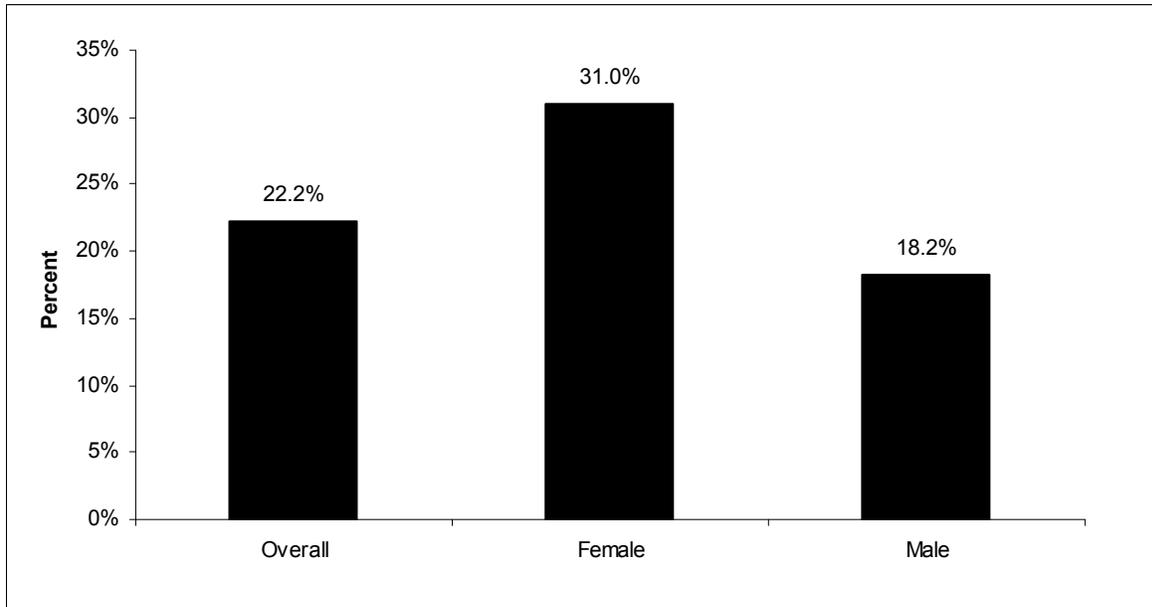
Figure 37. Suicide ideation and attempts among Maine high school students by grade, 2007.



Source: Maine Youth Risk Behavior Survey 2007

- In 2007, 1 in 5 high school students reported symptoms of depression within the previous 12 months.
- Among girls, nearly 1 in 3 (31%) reported depressive symptoms compared to 18.2% of boys (Figure 38).

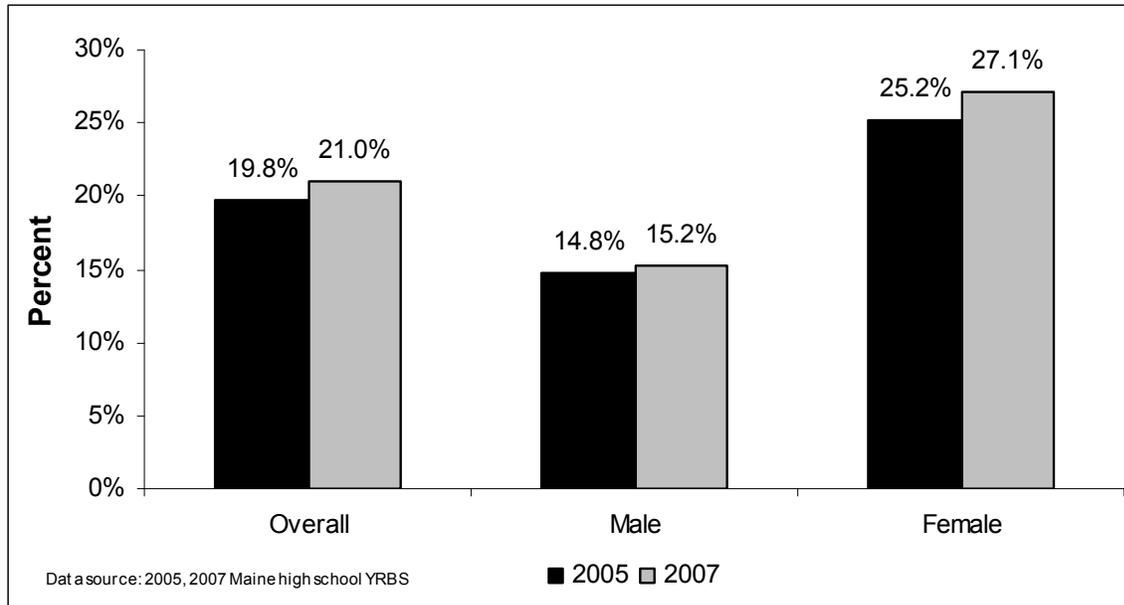
Figure 38. Percent of high school students reporting symptoms of depressive within the past 12 months by sex, 2007.



Source: Maine Youth Risk Behavior Survey 2007

- The Maine YRBS asks students about engaging in self-injurious behavior without intending to die. This question was first asked in 2005 and also appeared on the 2007 YRBS survey.
- According to the survey, 1 in 5 students reporting non-suicidal self-injury within the previous 12 months (Figure 39).
- Girls were more likely than boys to report engaging in this behavior.

Figure 39. Percent of high school students reporting non-suicidal self-injury within the past 12 months by sex, Maine YRBS 2005 & 2007.



Summary and Conclusions

- Suicide is one of the leading causes of death, hospitalization and emergency department visits among youth.
- Maine's suicide rate has not changed significantly over the past 10 years.
- Males are almost five times more likely than females to die by suicide.
- Suicide deaths are most often caused by firearms.
- Hospitalizations for self-inflicted injury have declined in recent years, but emergency department visits have been increasing.
- Hospitalizations and emergency department visits for self-inflicted injury are highest among females age 15-24.
- Self-inflicted poisoning is the most common cause of hospitalization and ED visits for self-inflicted injury.
- In 2007, more than 1 in 10 Maine high school students considered taking their life within the previous 12 months. However, suicide ideation has decreased among Maine high school students since 2001.
- More than 1 in 5 Maine high school students reported symptoms of depression within the previous 12 months in 2007.

Suicide is preventable. By recognizing risk factors for suicide in others, it may be possible to intervene before a death occurs. Maine is at the forefront of implementing interventions to address suicide among youth and the Maine Youth Suicide Prevention Program will continue to monitor data on suicide and self-injury.

Technical Appendix

Data Sources

Mortality: Data on suicide deaths before 2006 were obtained from WISQARS, the Centers for Disease Control and Prevention's Injury Query System based on data from vital records collected by the National Center for Health Statistics. Data from 2006 were obtained from the Maine Center for Disease Control and Prevention's Office of Data, Research and Vital Statistics. Single year rate estimates were calculated when comparing Maine's overall rates to national and regional data, but five years of data were combined for age-, sex-, county, and cause-specific analyses of Maine data to increase the stability of rates and percentages. Rates were calculated as the number of suicides per 100,000 population; age-adjusted rates represent the suicide experience that one would expect assuming a population age distribution equal to the U.S. population in the year 2000. That is, age-adjusted rates standardized, allowing for direct comparisons between populations whose age distributions may have differed.

A death was identified as a suicide if the underlying cause of death was coded as a suicide (E950-E959 in 190-1998 and X60-X84, Y87.0 in 1999-2006).

Hospital Discharges. The inpatient datasets from the Maine Health Data Organization were used to describe self-injury hospital discharges. The datasets include discharges from all non-federal hospitals in the state, including psychiatric hospitals.

In hospitalization and emergency department data collection systems, data on suicide attempts are identified using "e-codes." E-codes (external cause of injury codes) describe the circumstance for the injury. Discharges were identified a self-inflicted injury if any of the diagnostic codes included a self-inflicted injury e-code (E950-E959), regardless of whether the primary diagnosis was an injury. Suicides are grouped with other self-inflicted injuries for these codes. In a 2000 study that compared e-codes for suicide with chart reviews in California, the sensitivity of e-codes for suicide attempts in hospitalization data was 96%, the specificity was 87%, and the positive predictive value was 86%.²

All hospitalization analyses were restricted to Maine residents.

Outpatient ED Visits. The hospital outpatient datasets from the Maine Health Data Organization were used to describe self-inflicted injury outpatient ED visits. The datasets include visits at all non-federal hospitals in the state, including psychiatric hospitals. All visits with a revenue code of 450-459 were considered to be ED visits.

Outpatient ED visits were identified as a self-inflicted injury if any of the diagnosis fields included an E-code for a self-inflicted injury.

Only Maine residents were included in the analyses and visits for which the discharge status was not "discharged to home or self-care (routine discharge)" were excluded. The outpatient analyses do not include those who were admitted to the hospital through the Emergency room.

All outpatient emergency department visit analyses were restricted to Maine residents.

Adult Suicide Ideation and Self-reported attempts

Information on self-reported suicidal ideation and attempts among adults was collected through Maine's Behavioral Risk Factor Surveillance System, a statewide representative telephone survey of adults over the age of 18. Analyses were conducted using SUDAAN to account for the complex sampling design and all values presented in the report are weighted to be representative of Maine's population. At the time this report was written, Maine had included suicide questions on its 2006 and 2007 BRFSS surveys. Results are combined to increase the reliability of the estimates due to the small proportion of person who reported any suicide attempts or ideation.

² Ibarren C, Sidney S, Jacobs DR, Weisner C. Hospitalizations for suicide attempts and completed suicides: Epidemiologic features in a managed care population. Soc Psych Psychiatric Epidemiol 35:288-296

High school and Middle school suicide ideation and attempts

The Maine Youth Risk Behavior Survey High School survey is a statewide representative survey of youth enrolled in school administered in schools. The survey includes the following questions on suicide ideation and attempts:

During the past 12 months, did you ever seriously consider attempting suicide?

During the past 12 months, did you make a plan about how you would attempt suicide?

In the past 12 month, how many times did you actually attempt suicide?

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Data Limitations.

- Maine residents who were hospitalized or seen at an emergency department for self-inflicted injury in another state are not included in these analyses.
- Hospital discharges and outpatient ED visits at federal or Veteran's Administration hospitals are not included in this report.
- External cause of injury codes are used to classify events as intentional self-injury; Reporting e-codes to the hospital discharge database is not mandatory. Based on analyses of other injury outcomes, there are differential rates of coding at hospitals throughout the state. As a result, not all self-inflicted injuries may be included in the hospital discharge database.
- Some suicides and self-inflicted injuries may be classified as "undetermined intent" or "unintentional" if there is not adequate information surrounding the circumstances of the case. This may lead to an underreporting of suicides and attempts.
- Although we are including intentional self-inflicted injuries in this report, it is unclear whether the individuals intended to kill themselves as a result of the injury or whether they are being treated for a non-suicidal self-inflicted injury.

Rate calculations

Population data. Population estimates were obtained from the U.S. Census Bureau Web site.

Rate: A measure of new events or occurrences in a population. The crude rate is calculated as the number of events per time period divided by the total number of people in the population in the same time period. The crude rate represents the actual burden of disease in the population.

Age-adjusted rates: Age-adjusted rates were calculated using weights based on the 2000 US standard population. Age-adjusting allows for comparison of rates across populations that may or may not have the same underlying age distribution. Age-adjusted rates are relative and should not be considered exact rates that necessarily represent the true underlying burden of disease in the population.

Confidence Intervals: Confidence intervals are presented to provide information on the reliability of the estimates presented and to be able to compare across groups. The Confidence Interval (CI) is a range of values within which we believe the underlying, true value will be included. Most often, a 95% CI is given, which means that there is a 95% chance the range given includes the true value. One can think of the confidence interval as the range of values representing the estimate of interest, with the calculated estimate being the most probable. If the CI is very wide, the estimate is less reliable. When comparing data points, one often looks at the CIs to decide whether or not there are true differences. In general, if the CIs overlap, the numbers are not statistically different.

In this report confidence intervals were calculated based on guidelines from the National Center for Health Statistics.

Table 1A. Suicide rates (per 100,000) for Maine, Northeast, and U.S. 2000-2006, all ages.

Year	Maine			US	Northeast
	Number of Suicides	Crude Rate	Age-Adjusted Rate	Age-Adjusted Rate	Age-Adjusted Rate
2000	154	12.1	11.8 (10.0, 13.7)	10.4 (10.3, 10.6)	7.7 (7.4, 7.9)
2001	161	12.5	12.1 (10.2, 14.0)	10.7 (10.6, 10.8)	7.8 (7.6, 8.1)
2002	166	12.8	12.5 (10.6, 14.4)	10.9 (10.8, 11.1)	7.7 (7.5, 8.0)
2003	137	10.5	9.9 (8.3, 11.6)	10.7 (10.6, 10.9)	7.6 (7.4, 7.8)
2004	171	13.0	12.4 (10.6, 14.4)	10.9 (10.8, 11.1)	7.8 (7.6, 8.1)
2005	175	13.3	12.3 (10.5, 14.2)	10.9 (10.8, 11.0)	7.8 (7.6, 8.0)
2006	158	11.8	10.9 (9.2, 12.6)	Not available	Not available
5- Year Average (2002-2006)	161	12.2	11.8 (11.1, 12.6)	(2001-2005) 10.8 (10.7, 10.8)	(2001-2005) 7.8 (7.7, 7.8)

2000-2005 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars, 2006 data are from the Maine Office of Data, Research and Vital Statistics.

Table 3A. Number and crude rate (per 100,000) of suicide deaths to Maine residents, 2002-2006.

Age Group	Number of Deaths	Crude Rate (95% Confidence Interval)
10-14	2	0.5 (0.1, 1.7)
15-19	39	8.4 (6.0, 11.5)
20-24	48	11.4 (8.4, 15.1)
25-30	55	15.8 (12.2, 20.2)
31-34	62	15.8 (11.8, 20.7)
35-39	74	15.7 (12.3, 19.7)
40-44	79	14.4 (11.4, 17.9)
45-49	87	15.6 (12.5, 19.3)
50-54	91	17.7 (14.3, 21.8)
55-59	78	17.7 (14.0, 22.1)
60-64	44	13.4 (9.8, 18.0)
65-69	37	14.5 (10.2, 20.0)
70-74	33	14.6 (10.0, 20.4)
75-79	25	12.6 (8.2, 18.7)
80-84	19*	13.3 (8.0, 20.8)
85+	29	22.5 (15.1, 32.4)

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data are from the Maine Office of Data, Research and Vital Statistics. *Rates based on less than 20 may not be reliable.

Table 4A. Age-specific suicide counts and rates (per 100,000), Maine, 1996-2006, 5-year averages.

Age group	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004		2001-2005		2002-2006	
	Rate	# of Deaths												
10-14	2.4	11*	1.3	6*	2.2	10*	2.4	11*	1.3	6*	2.2	10*	0.5	2*
15-19	11.8	52	12.4	55	10.5	47	11.8	52	12.4	55	10.5	47	8.4	39
20-24	11.9	42	14.7	52	16.2	58	11.9	42	14.7	52	16.2	58	11.4	48
25-34	19.1	156	18.1	145	20.1	158	19.1	156	18.1	145	20.1	158	15.9	117
35-64	16.2	412	15.5	403	16.2	428	16.2	412	15.5	403	16.2	428	15.8	453
65+	17.7	160	12.3	112	15.1	138	17.7	160	12.3	112	15.1	138	15.1	143

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars. 2006 data are from the Maine Office of Data, Research and Vital Statistics.

*Rates based on less than 20 may not be reliable.

Table 7A. Suicide rates by age and sex (per 10,000), Maine, 2002-2006.

	Males		Females	
	# of Deaths	Rate per 100,000 95% Confidence Interval	# of Deaths	Rate per 100,000 95% Confidence Interval
10 to 14	2*	0.9 (0.1, 3.3)	0*	0 (0, 0)
15 to 19	32	13.4 (9.2, 19.0)	7*	3.1 (1.2, 6.4)
20 to 24	39	18.2 (12.9, 24.8)	9*	4.4 (2.0, 8.3)
25 to 34	96	26.2 (21.2, 32.0)	21	5.6 (3.5, 8.6)
35 to 64	346	24.7 (22.1, 27.3)	107	7.4 (6.0, 8.7)
65+	131	32.6 (27.0, 38.2)	12*	2.2 (1.1, 3.8)

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Sept 20]. Available from URL: www.cdc.gov/ncipc/wisqars

*Rate based on less than 20 cases may not be reliable.

Table 9A. Hospitalization rates (per 10,000) for self-inflicted injury, Maine, ages 10 and older, 2000-2006.

Year	Number of Visits	Crude Rate	Age-adjusted rate (95% CI)
2000	900	8.0	8.3 (7.8, 8.8)
2001	980	8.6	8.9 (8.3, 9.5)
2002	1057	9.1	9.4 (8.8, 10.0)
2003	1144	9.8	10.3 (9.7, 10.9)
2004	1220	10.4	10.8 (12.1, 13.5)
2005	1128	9.5	9.9 (9.3, 10.5)
2006	1096	9.3	9.6 (9.0, 10.2)

Source: Maine Uniform Hospital Discharge Database

Table 10A. Outpatient emergency department rates per 10,000 for self-inflicted injury in Maine, ages 10 and older, 2000-2006.

Year	Number of Visits	Crude Rate	Age-adjusted Rate (95% CI)
2000	725	6.5	6.8 (6.4, 7.3)
2001	1228	10.9	11.6 (10.9, 12.2)
2002	1243	10.7	11.4 (10.8, 12.0)
2003	1442	12.4	13.1 (12.5, 13.8)
2004	1633	13.9	14.8 (14.1, 15.6)
2005	1529	12.9	13.8 (13.1, 14.5)
2006	1685	14.3	15.4 (14.7, 16.2)

Source: Maine Uniform Hospital Outpatient Discharge Dataset

Table 11A. Frequency and crude rate (per 10,000) of hospitalizations for self-inflicted injury to Maine residents by age, 2006.

Age Group	Number of hospitalizations	Crude rate 95% Confidence Interval
10-14	34	4.1 (2.9, 5.8)
15-19	124	13.8 (11.3, 16.2)
20-24	133	16.3 (13.5, 19.1)
25-29	99	13.0 (10.6, 15.8)
30-34	115	15.2 (12.4, 18.0)
35-39	119	13.1 (10.8, 15.5)
40-44	148	14.1 (11.8, 16.4)
45-49	137	12.2 (10.1, 14.2)
50-54	74	7.0 (5.5, 8.8)
55-59	47	4.8 (3.6, 6.4)
60-64	30	4.3 (2.9, 6.1)
65-69	12*	2.3 (1.2, 3.9)
70-74	4*	0.9 (0.2, 2.3)
75-79	10*	2.6 (1.2, 4.8)
80-84	5*	1.7 (0.6, 4.1)
85+	5*	1.9 (0.6, 4.3)

Source: Maine Hospital Inpatient Data, Maine Health Data Organization

*rates based on less than 20 hospitalizations may not be reliable

Table 12A. Age-specific hospitalization numbers and rates for self-inflicted injury (per 10,000), Maine, 2000-2006.

Age group	2000		2001		2002		2003		2004		2005		2006	
	Rate	# of Visits												
10-14	3.8	35	2.0	18*	3.5	30	4.1	36	5.8	50	5.9	49	4.1	34
15-19	16.9	152	18.0	162	16.8	155	17.2	161	23.0	216	17.3	162	13.8	124
20-24	15.1	106	16.0	119	13.7	111	16.0	133	15.9	137	15.6	138	16.3	133
25-34	12.6	198	12.8	197	13.5	208	18.6	272	16.7	243	14.9	214	14.1	214
35-64	6.9	368	8.5	458	9.4	521	8.9	500	9.4	538	9.2	533	9.6	355
65+	2.2	41	1.4	26	1.7	32	2.2	42	1.9	36	1.7	32	1.9	36

Source: Maine Hospital Inpatient Data, Maine Health Data Organization

*rates based on less than 20 hospitalizations may not be reliable

Table 13A. Age-specific self-inflicted injury hospitalization numbers and rates (per 10,000), Maine, 2000-2006, 3 year averages.

Age group	2000-2002		2001-2003		2002-2004		2003-2005		2004-2006	
	Rate	# of Visits								
10-14	3.1	83	3.1	84	4.4	116	5.2	135	4.0	133
15-19	17.3	469	17.3	478	19.0	532	19.1	539	13.6	502
20-24	14.9	336	15.2	363	15.2	381	15.8	408	11.9	408
25-34	13.0	603	14.9	677	16.2	723	16.7	729	11.5	671
35-64	8.3	1347	8.9	1479	9.2	1559	9.1	1571	7.0	1626
65+	1.8	99	1.8	100	1.9	110	1.9	110	1.3	104

Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

Table 14A. Frequency and rate (per 10,000) of outpatient emergency department visits for self-inflicted injury, Maine residents by age, 2006.

Age Group	Number of visits	Rate 95% Confidence Interval
10-14	93	11.3 (9.0, 13.8)
15-19	422	46.9 (42.4, 51.8)
20-24	304	37.2 (33.1, 41.9)
25-29	195	25.6 (22.0, 29.6)
30-34	159	21.1 (17.8, 24.7)
35-39	148	16.4 (13.7, 19.4)
40-44	139	13.3 (11.0, 15.9)
45-49	109	9.7 (7.9, 11.8)
50-54	50	4.8 (3.5, 6.3)
55-59	36	3.7 (2.6, 5.1)
60-64	21	3.0 (1.8, 4.5)
65-69	4*	0.8 (0.2, 1.9)
70-74	1*	0.2 (0.1, 1.2)
75-79	2*	0.5 (0.1, 1.9)
80-84	2*	0.7 (0.1, 2.5)
85+	0*	0.00 (0, 1.4)

Source: Maine Outpatient Hospital Dataset, Maine Health Data Organization

*Rate based on less than 20 visits may not be reliable

Table 15A. Age-specific self-inflicted injury outpatient emergency department visits and rates (per 10,000), Maine, 2000-2006, single year.

Age group	2000		2001		2002		2003		2004		2005		2006	
	Rate per 10,000	# of Visits												
10-14	4.9	45	9.6	89	9.0	78	12.2	108	12.3	106	10.4	86	11.3	93
15-19	19.7	176	39.8	359	37.5	345	43.7	409	49.3	463	40.3	378	46.9	422
20-24	13.4	93	26.8	188	26.0	210	25.2	211	34.9	302	33.0	291	37.2	304
25-34	10.9	172	14.7	233	16.3	251	19.5	285	22.8	332	21.5	309	23.4	354
35-64	4.4	232	6.6	352	6.3	350	7.3	413	7.3	420	7.7	446	8.7	503
65+	0.4*	7*	0.4*	7*	0.5*	9*	0.9*	16	0.5*	10*	1.0*	19*	0.5*	9*

Source: Maine Uniform Hospital Outpatient Discharge Database, Maine Health Data Organization

*Rates based on less than 20 visits may not be reliable

Table 16A. Hospitalization rates for self-inflicted injury per 10,000 by sex, Maine, ages 10 and over, 2000-2006.

Year	Women			Men		
	N	Crude Rate	Age-adjusted rate	N	Crude Rate	Age-adjusted rate
2000	579	10.0	10.6 (9.8, 11.5)	321	5.9	6.1 (5.4, 6.7)
2001	614	10.5	11.1 (10.2, 11.9)	366	6.7	6.8 (6.1, 7.5)
2002	664	11.1	11.7 (11.5, 13.3)	393	7.0	7.0 (6.3, 7.7)
2003	700	11.7	12.4 (12.1, 14.0)	444	7.9	8.1 (7.4, 8.9)
2004	749	12.4	13.1 (10.8, 12.6)	471	8.2	8.4 (7.7, 9.2)
2005	675	11.1	11.7 (10.8, 12.6)	453	7.9	8.0 (7.2, 8.7)
2006	629	10.4	10.9 (10.0, 11.7)	467	8.2	8.3 (7.5, 9.0)

Source: Maine Uniform Hospital Discharge Database, Maine Health Data Organization

Table 17A. Age adjusted rates for outpatient visits to emergency departments for self-inflicted injuries by gender, ages 10 and older, Maine 2000-2006.

Year	Women			Men		
	# of Visits	Crude Rate	Age-adjusted Rate (95% CI)	# of Visits	Crude Rate	Age-adjusted Rate (95% CI)
2000	455	7.9	8.5 (7.7, 9.3)	270	5.0	5.2 (4.6, 5.8)
2001	751	12.8	14.1 (13.1,15.1)	477	8.7	9.1 (8.3, 9.9)
2002	745	12.5	13.7 (12.7,14.6)	498	8.9	9.1 (8.3, 9.9)
2003	863	14.4	15.8 (14.7,16.8)	579	10.3	10.5 (9.7, 11.4)
2004	937	15.5	17.2 (16.1,18.2)	696	12.2	12.6 (11.6,13.5)
2005	855	14.1	15.5 (14.5,16.6)	674	11.7	12.1 (11.2, 13.1)
2006	901	14.9	16.4 (15.4,17.5)	784	13.7	14.4 (13.4, 15.4)

Source: Maine Outpatient Hospital Data, Maine Health Data Organization

Table 18A. Hospitalizations for self-inflicted injury by gender and age, Maine, 2002-2006.

Age Group	Women		Men	
	Number of inpatient discharges	Rate per 10,000 (95% C.I.)	Number of inpatient discharges	Rate per 10,000 (95% C.I.)
10-14	127	6.1(5.0, 7.2)	72	3.3 (2.5, 4.2)
15-19	524	23.2 (21.3, 25.2)	294	12.3 (10.9, 13.8)
20-24	359	17.5 (15.7, 19.3)	293	13.6 (12.1, 15.2)
25-34	671	17.9 (16.6, 19.3)	480	13.1 (11.9, 14.3)
35-64	1629	11.1 (10.6, 11.7)	1018	7.3 (6.8, 7.7)
65+	107	2.0 (1.6, 2.3)	71	1.8 (1.4, 2.2)

Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

Table 20A. Hospitalizations for self-inflicted injury by gender and age, Maine, 2000-2006, 3-year averages.

Women	2000-2002		2001-2003		2002-2004		2003-2005		2004-2006	
	N	Crude Rate								
10-14	61	4.6	54	4.1	73	5.7	83	6.6	84	6.9
15-19	311	23.5	323	24.1	347	25.5	355	26.0	311	23.0
20-24	196	17.6	191	16.3	211	17.2	217	17.2	229	18.3
25-34	378	16.0	418	18.1	436	19.3	420	19.1	372	16.7
35-64	854	10.3	930	11.0	984	11.4	983	11.2	993	11.2
65+	57	1.8	62	1.9	62	1.9	66	2.0	64	1.9
Men	2000-2002		2001-2003		2002-2004		2003-2005		2004-2006	
	N	Crude Rate								
10-14	22	1.6	30	2.2	43	3.2	52	3.9	49	3.8
15-19	158	11.3	155	11.0	185	12.9	184	12.7	191	13.4
20-24	140	12.3	172	14.2	170	13.3	191	14.5	179	13.6
25-34	225	9.9	259	11.6	287	13.1	309	14.3	299	13.7
35-64	493	6.2	549	6.7	575	6.9	588	7.0	633	7.4
65+	42	1.8	38	1.6	48	2.0	44	1.8	40	1.6

Source: Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

Tables 22A. Outpatient emergency department visits for intentional self-inflicted injury by gender and age, Maine, 2000-2006, 3-year averages.

Women	2000-2002		2001-2003		2002-2004		2003-2005		2004-2006	
	N	Crude Rate								
10-14	148	11.2	188	14.4	192	15.1	199	15.9	181	14.8
15-19	510	38.5	653	48.7	723	53.2	775	56.7	754	55.8
20-24	256	23.0	311	26.5	347	28.2	377	29.9	407	32.6
25-34	404	17.1	469	20.3	531	23.5	524	23.8	525	23.6
35-64	622	7.5	725	8.6	735	8.5	758	8.6	808	9.1
65+	11	0.3	13	0.4	17	0.5	22	0.7	18	0.5
Men	2000-2002		2001-2003		2002-2004		2003-2005		2004-2006	
	N	Crude Rate								
10-14	64	4.6	87	6.3	100	7.4	101	7.6	104	8.1
15-19	370	26.6	460	32.5	494	34.3	475	32.8	509	35.7
20-24	235	20.6	298	24.6	376	29.5	427	32.4	490	37.3
25-34	252	11.0	300	13.4	337	15.3	402	18.6	470	21.5
35-64	312	3.9	390	4.8	448	5.4	521	6.2	561	6.6
65+	12	0.5	19	0.8	18	0.8	23	1.0	20	0.8

Source: Maine Hospital Outpatient Data, Maine Health Data Organization

Table 24A. Hospitalizations for self-inflicted injury by sex among Maine youth age 10-24 years, 2000-2006.

	Youth age 10-24		Girls age 10-24		Boys age 10-24	
	N	Crude Rate	N	Crude Rate	N	Crude Rate
2000	293	11.6 (10.3, 12.9)	189	16.1 (13.8, 18.3)	94	7.3 (5.8, 8.8)
2001	299	11.7 (10.4, 13.0)	192	14.5 (12.4, 16.7)	117	8.9 (7.3, 10.6)
2002	296	11.4 (10.1, 12.7)	187	14.7 (12.6, 16.8)	109	8.2 (6.7, 9.8)
2003	330	12.4 (11.1, 13.8)	199	15.4 (13.2, 17.5)	131	9.6 (8.0, 11.3)
2004	403	15.1 (13.6, 16.6)	245	18.9 (16.5, 21.3)	158	11.5 (9.7, 13.3)
2005	349	13.2 (11.8, 14.6)	211	16.4 (14.2, 18.6)	138	10.2 (8.5, 11.8)
2006	291	11.5 (10.1, 12.8)	168	13.6 (11.5, 15.6)	123	9.5 (7.8, 11.1)

Maine Hospital Discharge Inpatient Data, Maine Health Data Organization

Table 25A. Outpatient emergency department visits for self-inflicted injury among Maine youth, age 10-24, 2000-2006.

	Youth age 10-24		Girls age 10-24		Boys age 10-24	
	N	Crude Rate	N	Crude Rate	N	Crude Rate
2000	314	12.4 (11.1, 13.8)	185	14.9 (12.8, 17.1)	129	10.0 (8.3, 11.7)
2001	636	24.8 (22.9, 26.8)	381	30.5 (27.4, 33.5)	255	19.5 (17.1, 21.9)
2002	633	24.4 (22.5, 26.3)	348	27.4 (24.5, 30.3)	285	21.5 (19.0, 24.0)
2003	728	27.4 (25.4, 29.4)	423	32.6 (29.5, 35.8)	305	22.4 (19.9, 24.9)
2004	871	32.7 (30.5, 34.8)	491	37.9 (34.5, 41.2)	380	27.8 (25.0, 30.6)
2005	755	28.5 (26.5, 30.5)	437	33.9 (30.7, 37.1)	318	23.4 (20.8, 26.0)
2006	819	32.3 (30.0, 34.5)	414	33.4 (30.2, 36.7)	405	31.1 (28.1, 34.2)

Source: Maine Hospital Outpatient Data, Maine Health Data Organization

Table 28A. Suicide ideation and attempts within the past year among Maine adults age 18 and older, Maine BRFSS, 2006-2007.

Suicide ideation and behavior within the past year, BRFSS 2006-2007	%	95% CI
Considered Suicide	2.4	(2.0, 2.9)
Planned Suicide Attempt	1.8	(1.5, 2.2)
Any Suicide Ideation	3.0	(2.6, 3.5)
Attempted Suicide	0.4	(0.2, 0.6)
Any Suicidal Ideation or Attempt	3.0	(2.6, 3.5)

Table 29A. Suicide ideation and behavior within the past year by sex, BRFSS 2006-2007.

	Considered or planned		Attempt		Any suicide	
	%	95% CI	%	95% CI	%	95% CI
Male	3.1	(2.5, 4.0)	0.3	(0.1, 0.6)	3.1	(2.5, 4.0)
Female	2.9	(2.3, 3.5)	0.5	(0.3, 0.8)	2.9	(2.4, 3.6)

Table 30A. Suicide ideation and behavior within the past year by age, BRFSS 2006-2007.

Age Group	Considered or planned		Attempt		Any suicide	
	%	95% CI	%	95% CI	%	95% CI
18-34	3.6	(2.5, 5.1)	0.5	(0.2, 1.1)	3.6	(2.5, 5.1)
35-49	3.6	(2.8, 4.5)	0.7	(0.4, 1.2)	3.7	(2.9, 4.7)
50-64	2.9	(2.3, 3.7)	0.2	(0.1, 0.6)	2.9	(2.3, 3.7)
65+	1.3	(0.8, 2.1)	0	0	1.3	(0.8, 2.1)

Maine Behavioral Risk Factor Surveillance System, 2006-2007

Table 31A. Prevalence of suicide ideation and attempts among Maine high school students, 2007.

Suicide ideation and behavior within the past year, YRBS 2007	%	95% CI
Considered Suicide	11.2	(9.7, 12.9)
Planned Suicide Attempt	12.9	(10.9, 15.3)
Any Suicide Ideation	16.9	(15.1, 18.9)
Attempted Suicide	4.8	(3.4, 6.9)
Any Suicidal Ideation or Attempt	17.5	(15.8, 19.4)

Table 33A. Prevalence of lifetime suicide ideation and attempts among Maine middle school students, 2007.

Lifetime suicide ideation and behavior, YRBS 2007	%	95% CI
Considered Suicide	16.6	(14.6, 19.9)
Planned Suicide Attempt	9.6	(7.9, 11.6)
Attempted Suicide	5.8	(4.4, 7.4)

Table 36A. Suicide ideation and behavior within the past year by sex, Maine YRBS 2007.

	Considered or planned		Attempt		Any suicide	
	%	95% CI	%	95% CI	%	95% CI
Sex						
Male	13.4	(10.5, 16.9)	3.2	(1.6, 6.1)	14.3	(11.4, 17.8)
Female	20.4	(16.2, 25.4)	6.3	(4.1, 9.4)	20.7	(16.5, 25.5)

Table 37A. Percent of high school students self-report of suicide ideation or behavior in the past year by grade, Maine YRBS 2007.

Grade	Considered or planned		Attempt		Any suicide	
	%	95% CI	%	95% CI	%	95% CI
9 th	18.5	(12.5, 26.4)	6.0	(4.0, 8.8)	19.4	(13.7, 26.9)
10 th	15.4	(12.3, 19.3)	4.5	(2.2, 9.1)	16.2	(12.6, 20.5)
11 th	18.4	(14.2, 23.5)	5.1	(2.4, 10.3)	18.9	(14.6, 24.2)
12 th	15.1	(10.4, 21.3)	3.2	(1.3, 8.0)	15.1	(10.4, 21.3)

