

MAINE YOUTH (AGES 10-24) SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY DATA BOOK

Prepared for

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MAINE SUICIDE PREVENTION PROGRAM

DIVISION OF POPULATION HEALTH

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PURPOSE

This data book includes data tables on suicide deaths and intentional self-inflicted injury related hospital discharges and emergency department (ED) visits among Maine youth ages 10-24 years. It is intended for public health and clinical health professionals working in the injury and suicide prevention field to provide useful and timely data on youth suicide in Maine.

DATA & DEFINITIONS

Data on suicide deaths was obtained from the Maine Center for Disease Control and Prevention (Maine CDC) Data, Research and Vital Statistics (DRVS) Program. Hospital discharge and emergency department visit data was obtained from the Maine Health Data Organization (MHDO).

Suicide and self-inflicted injury case definitions can vary across reports; definitions should be reviewed before comparing information from different sources. For example, it is important to note that the hospital discharge and emergency department data presented here are from acute care (general) hospitals and do not include encounters at psychiatric or rehabilitation hospitals. Also, beginning in 2010, visits to the emergency department that resulted in a hospital admission were excluded from the emergency department dataset.

Suicide Death Definition:

Maine Death Certificate Data: Suicide related deaths are defined as deaths of Maine residents for which the underlying cause of death was ICD-10 U03 X60-X84 or Y87.0 (*See Appendix A-1 for diagnosis code definitions*).

Intentional Self-Inflicted Injury Definition:

Hospital Discharge Data: Self-inflicted injury related hospital discharges are defined as discharges of Maine residents from Maine acute care hospitals for which any listed external cause of injury was coded as ICD-9-CM E950-E959 (*See Appendix A-2 for diagnosis code definitions*).

- *This case definition differs from the U.S CDC case definition as it captures hospitalizations due to self-directed violence (E950-E959 codes appear in any diagnosis field) while the U.S.CDC case definition only captures hospital discharges where the injury itself is the reason for the hospitalization (principal diagnosis and first-listed external cause are injury codes).*

Emergency Department (ED) Data: Self-inflicted injury related emergency department visits are defined as emergency department (outpatient) visits by Maine residents at any Maine hospital that did not end with the patient being admitted to that hospital as an inpatient on the day the emergency department visit ended, for which the external cause of injury code ICD-9-CM E950- E959 appears in any diagnosis or external cause of injury field.

- *This case definition differs from the U.S CDC case definition as it captures emergency department visits due to self-directed violence (E950-E959 codes appear in any diagnosis or E-code field) while the U.S. CDC case definition only captures hospital discharges where the injury itself is the reason for the hospitalization (principal diagnosis and first-listed external cause are injury codes).*

'Other' Methods Definitions:

Section 1 – Trend : 'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

Section 3 – Method: 'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means (and specifically excludes jumping and drowning as they are presented as their own categories in Method tables).

METHODS

Combining Years of Data

For many tables throughout this data book, multiple years of data were combined to examine suicide trends among Maine youth. The combined years' estimates provide higher numbers and yield more stable rates over time.

Statistical Significance

Statistical significance was determined by using non-overlapping 95% confidence intervals. However, the use of the 95% confidence intervals for determining statistical significance is a conservative estimate, therefore when confidence intervals are close but do not necessarily overlap, caution should be used in making statements regarding statistical significance.

Age-adjusted Rates

Age-adjusted rates are presented and used for comparisons as a way to make fair comparisons between groups with different age distributions. For example, a county that has a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. Age-adjustment makes different groups more comparable. Therefore, age-adjusted rates should be used when making comparisons between rates by counties, public health districts or time periods. All rates are age-adjusted using the 2000 U.S. standard population.

Age-specific Rates

Age-specific rates are calculated based on the number of events (i.e. deaths, hospitalizations) and the population of a given age group. Whereas age can be strongly related to certain health outcomes, age-specific rates control for the impact of age on the rate of the outcome of interest within the specified age group.

SECTION ONE

TREND

YOUTH (AGES 10 - 24): TREND

SINGLE-YEAR TRENDS, 2000-2012

Suicide Deaths, Intentional Self-Inflicted Injury Related Hospital Discharges and Emergency Department Visits, 2000-2012 (TABLE 1)

Note: Emergency department visit data are not yet available for 2012.

- Despite some fluctuations, suicide-related death and intentional self-inflicted injury related hospitalization rates among Maine youth ages 10-24 between 2000 and 2012 remained relatively stable. However, the intentional self-inflicted injury related emergency department visit rate significantly increased between 2002 and 2011.
- While the number of annual suicide deaths among Maine youth ages 10-24 varied between 2000 and 2012, the age-adjusted suicide death rate remained relatively stable. However, the rate increased to 10.2 per 100,000 in 2010 and remained high in both 2011 (10.2 per 100,000) and 2012 (9.1 per 100,000).*
- The number of annual intentional self-inflicted injury related hospital discharges, and the corresponding age-adjusted rates, remained relatively stable between 2000 and 2012. Only in 2004, the year with the most discharges, was the age-adjusted intentional self-inflicted injury related hospital discharge rate significantly higher than the age-adjusted rates of every other year 2000-2012.
- The number of annual intentional self-inflicted injury related emergency department visits steadily increased between 2002 and 2011. The fewest emergency department visits occurred in 2002 (773 visits) while the most occurred in 2010 (1,242 visits). Similarly, the lowest age-adjusted intentional self-inflicted injury related emergency department visit rate in 2002 (293.6 per 100,000) was significantly lower than the highest age-adjusted rate in 2010 (491.8 per 100,000).
- There was a clear and steady upwards trend in the age-adjusted intentional self-inflicted injury related emergency department visit rate between 2002 and 2011.

*Suicide death rates among Maine people ages 10-24 are based on small numbers making the age-adjusted suicide death rates very sensitive to small increases or decreases in counts between years.

TABLE 1: Suicide Deaths, Hospital Discharges and Emergency Department Visits, 2000-2012

Year	DEATHS			HOSPITAL DISCHARGES			OUTPATIENT EMERGENCY DEPARTMENT VISITS			
	#	Crude rate	Age adj rate (95%CI)	#	Crude rate	Age adj rate (95%CI)	#	Crude rate	Age adj rate (95%CI)	
2000	28	11.2	(7.4-16.2)	294	117.7	(104.6-131.9)	118.6	297.8	293.6	(273.3-314.8)
2001	26	10.2	(6.7-14.9)	299	117.2	(104.3-131.3)	117.2	337.8	333.3	(311.9-355.6)
2002	18	6.9	(4.1-11.0)*	296	114	(101.4-127.8)	112.4	398.5	390.3	(367.1-414.2)
2003	15	5.6	(3.2-9.3)†	329	123.6	(110.6-137.7)	122.0	345.1	336.0	(314.5-358.2)
2004	28	10.5	(7.0-15.2)	403	151.2	(136.8-166.7)	148.2	390.6	382.2	(358.8-406.5)
2005	14	5.3	(2.9-8.9)†	349	131.8	(118.3-146.4)	128.5	447.9	436.9	(411.5-463.1)
2006	14	5.5	(3.0-9.3)†	291	114.6	(101.8-128.5)	112.3	469.8	456.2	(430.1-483.1)
2007	31	12.5	(8.5-17.7)	313	126.2	(112.6-141.0)	123.6	503.9	491.8	(464.8-519.7)
2008	17	7.0	(4.1-11.2)*	329	134.9	(120.7-150.3)	131.5	444.3	434.6	(409.1-461.0)
2009	17	6.9	(4.0-11.0)*	285	115.6	(102.5-129.8)	111.6	DNR	DNR	DNR
2010	26	10.5	(6.6-15.0)	264	107.1	(94.6-120.8)	104.9	DNR	DNR	DNR
2011	26	10.6	(7.0-15.6)	269	110.1	(97.4-124.1)	107.4	DNR	DNR	DNR
2012	23	9.5	(6.0-14.3)	278	115.1	(101.9-129.4)	112.7	DNR	DNR	DNR

Data sources: Maine death certificate, hospital inpatient, and hospital outpatient datasets; U.S. Census Bureau population estimates. Suicide deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03 X60-X84 or Y87.0. Suicide related hospital discharges are defined as discharges of Maine residents at any Maine hospital for which the external cause of injury code ICD-9-CM E950-E959 appears in any diagnosis field. Suicide related emergency department visits are defined as emergency department visits by Maine residents at any Maine hospital that did not end with the patient being admitted to that hospital as an inpatient for which the external cause of injury code ICD-9-CM E950-E959 appears in any diagnosis or external cause of injury field. Crude rates are per 100,000 population. Age-adjusted rates are per 100,000 population age adjusted to the U.S. 2000 standard population. #: Number. Age adj rate: Age-adjusted rate. 95% CI: 95% confidence interval. †Flagged for reliability as rate based on numerator less than 20. DNR: Data not reported. Emergency department data not available for 2012.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, OVERALL

Suicide Deaths by Sex and Age (TABLE 2)

- Three years of data were combined to examine trends by age and sex among youth. The combined years' estimates provide higher numbers and yield more stable rates over time.
- From 2001 to 2012, Maine youth ages 10-14 years consistently had the lowest suicide death rates compared to those ages 15-19 years or 20-24 years. Rates among youth ages 10-14 years were significantly lower than any other age group in any 3-year time period between 2001 and 2012.
- The highest suicide death rates consistently occurred among Maine youth ages 20-24 years ranging from 12.1 per 100,000 in 2004-2006 (lowest) to 18.8 per 100,000 in 2010-2012 (highest).

Females

- Compared to Maine males, Maine females consistently had significantly lower suicide death rates among the 15-19 year and 20-24 year age groups between 2001 and 2012.
- Females ages 20-24 years had the highest suicide death rates compared to females under 20 years within each 3-year time period between 2001 and 2012.

Males

- Males ages 20-24 years consistently had the highest suicide death rates compared to males under 20 years within each 3-year time period.

TABLE 2: Suicide Deaths by Overall, Sex and Age, 2001-2012

Year	Age	Female			Male			Total		
		Average number	Age-specific rate	95% C.I.	Average number	Age-specific rate	95% C.I.	Average number	Age-specific rate	95% C.I.
2001 - 2003	10-14 yrs	0	0.0 [†]	0.0 - 2.9 [†]	2	3.7 [†]	1.2 - 8.6 [†]	2	1.9 [†]	0.6 - 4.4 [†]
	15 - 19 yrs	1	3.0 [†]	0.8 - 7.6 [†]	6	12.7 [†]	7.5 - 20.0 [†]	7	7.9	5.0 - 12.0
	20 - 24 yrs	2	5.1 [†]	1.9 - 11.0 [†]	9	21.3	13.9 - 31.3	11	13.3	9.1 - 18.8
	Total 10-24 yrs	3	2.6[†]	1.3 - 4.8[†]	16	12.3	9.1 - 16.2	20	7.6	5.8 - 9.7
2004 - 2006	10-14 yrs	0	0.0 [†]	0.0 - 3.0 [†]	0	0.0 [†]	0.0-0.0 [†]	0	0.0 [†]	0.0 - 1.5 [†]
	15 - 19 yrs	1	3.0 [†]	0.8 - 7.6 [†]	7	14.7	9.1 - 22.5	8	9.0	5.8 - 13.3
	20 - 24 yrs	2	5.6 [†]	2.3 - 11.5 [†]	8	18.3	11.7 - 27.2	10	12.1	8.2 - 17.2
	Total 10-24 yrs	4	2.9[†]	1.4 - 5.1[†]	15	11.2	8.1 - 14.9	19	7.1	5.4 - 9.3
2007 - 2009	10-14 yrs	0	0.9 [†]	0.0 - 4.8 [†]	0	0.8 [†]	0.0 - 4.7 [†]	1	0.9 [†]	0.1 - 3.1 [†]
	15 - 19 yrs	2	3.9 [†]	1.3 - 9.0 [†]	7	15.4	9.5 - 23.6	9	9.8	6.4 - 14.4
	20 - 24 yrs	1	2.6 [†]	0.5 - 7.6 [†]	11	27.8	19.2 - 38.8	12	15.5	10.9 - 21.4
	Total 10-24 yrs	3	2.5[†]	1.1 - 4.7[†]	19	14.8	11.2 - 19.2	22	8.8	6.8 - 11.2
2010 - 2012	10-14 yrs	0	0.9 [†]	0.0 - 4.9 [†]	1	1.7 [†]	0.2 - 6.0 [†]	1	1.3 [†]	0.3 - 3.7 [†]
	15 - 19 yrs	1	1.6 [†]	0.2 - 5.8 [†]	8	18.7	12.1 - 27.7	9	10.4	6.9 - 15.2
	20 - 24 yrs	2	5.1 [†]	1.9 - 11.1 [†]	13	32.0	22.8 - 43.8	15	18.8	13.7 - 25.1
	Total 10-24 yrs	3	2.5[†]	1.2 - 4.8[†]	22	17.6	13.6 - 22.4	25	10.2	8.1 - 12.8

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population estimates.

Suicide deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03 X60-X84 or Y87.0.

Age-specific rates are per 100,000 population. Age-adjusted rates are not calculated for age-specific groups.

95% CI: 95% confidence interval.

†Flagged for reliability as rate based on numerator less than 20.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, OVERALL

Intentional Self-inflicted Injury Related Hospital Discharges (TABLE 3)

- Intentional self-inflicted injury related hospital discharge rates among Maine youth ages 10-24 remained steady between 2001 and 2012.
- In 2010-2012, the most intentional self-inflicted injury related hospital discharges occurred among Maine youth ages 15-24 years.
- The fewest discharges due to intentional self-inflicted injury occurred among Maine youth ages 10-14 years at a rate of 45.3 discharges per 100,000 population, which was significantly lower than the rates of the two older youth age groups (15-19 years and 20-24 years).

Females

- In 2010-2012, females ages 15-19 years had the highest intentional self-inflicted injury hospital discharge rate among all female and male youth age groups.

Males

- Males ages 15-19 years and 20-24 years consistently had the highest, and similar, hospital discharge rates in all four 3-year time periods – significantly higher than the rates among males ages 10-14 years. However, the rate of hospital discharges due to intentional self-inflicted injuries among male youth ages 20-24 was significantly higher than the rate among males ages 15-19 years in 2010-2012.

TABLE 3: Intentional Self-inflicted Injury Related Hospital Discharges by Overall, Sex and Age, 2001-2012

Year	Age	Female			Male			Total		
		Average number	Age-specific rate	95% CI	Average number	Age-specific rate	95% CI	Average number	Age-specific rate	95% CI
2001 - 2003	10-14yrs	19	43.6	32.9 - 56.6	10	22.2	14.9 - 31.6	29	32.6	26.1 - 40.3
	15 - 19 yrs	107	237.3	212.0 - 264.8	52	109.8	93.2 - 128.4	159	171.9	156.8 - 188.0
	20 - 24 yrs	64	161.5	139.4 - 186.1	57	140.4	120.1 - 163.1	121	150.8	135.7 - 167.2
Total 10-24 yrs		189	148.6	136.6 - 161.4	119	89.4	80.4 - 99.2	308	118.3	110.8 - 126.2
2004 - 2006	10-14yrs	28	68.6	54.8 - 85.0	17	38.8	28.8 - 51.2	45	53.3	44.7 - 63.2
	15 - 19 yrs	104	230.1	205.2 - 257.1	64	133.9	115.6 - 154.3	167	180.7	165.2 - 197.2
	20 - 24 yrs	76	183.4	160.4 - 208.7	59	135.5	116.3 - 156.9	136	158.8	143.8 - 175.0
Total 10-24 yrs		208	163.2	150.6 - 176.5	140	104	94.3 - 114.5	348	132.8	124.9 - 141.1
2007 - 2009	10-14yrs	22	58.3	45.2 - 74.0	10	24.2	16.2 - 34.8	32	40.9	33.1 - 49.9
	15 - 19 yrs	93	216.7	192.1 - 243.7	50	110.1	93.2 - 129.2	143	162	147.0 - 178.1
	20 - 24 yrs	69	177.8	154.4 - 203.8	65	159.2	137.6 - 183.1	134	168.2	152.2 - 185.5
Total 10-24 yrs		184	153.6	141.1 - 167.0	125	98.8	89.0 - 109.3	309	125.5	117.6 - 133.9
2010 - 2012	10-14yrs	28	73.6	58.7 - 91.2	7	18.3	11.5 - 27.8	35	45.3	37.1 - 54.8
	15 - 19 yrs	76	181.9	159.0 - 207.1	41	92.2	76.6 - 110.0	117	135.7	121.8 - 150.6
	20 - 24 yrs	63	161.2	139.1 - 185.8	55	134.7	114.9 - 157.0	118	147.7	132.8 - 164.0
Total 10-24 yrs		167	140.5	128.5 - 153.3	103	82.4	73.5 - 92.1	270	110.7	103.3 - 118.6

Data Source: Maine Hospital Inpatient Database: Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Age-specific rates are per 100,000 population. Age-adjusted rates are not calculated for age-specific groups. 95% CI: 95% confidence interval of the rate.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, OVERALL

Intentional Self-inflicted Injury Related Emergency Department Visits (TABLE 4)

Note: Emergency department visit data are not yet available for 2012.

Total

- The rate of emergency department visits due to intentional self-inflicted injuries among Maine youth ages 10-24 years significantly increased between 2001 and 2012.

Females

- Female youth ages 15-19 consistently had the highest rate of emergency department visits due to intentional self-inflicted injuries between 2001 and 2011 among both females and males and across all age categories.
- The emergency department rate due to intentional self-inflicted injuries among females ages 15-24 years significantly increased between 2001 and 2012.

Males

- Males ages 15-19 years had the highest, followed closely by males ages 20-24 years, emergency department visit rates due to self-inflicted injuries in all 3-year time periods between 2001 and 2011 – significantly higher than males ages 10-14 years.
- The rate of emergency department visits due to intentional self-inflicted injuries among males 15-24 years significantly increased between 2001 and 2012.

TABLE 4: Intentional Self-inflicted Injury Related Emergency Department Visits by Overall, Sex and Age, 2001-2012

Year	Age	Female			Male			Total		
		Average number	Age-specific rate	95% CI	Average number	Age-specific rate	95% CI	Average number	Age-specific rate	95% CI
2001 - 2003	10-14 yrs	76	176.7	154.5 - 201.3	34	75.3	61.4 - 91.5	110	124.7	111.6 - 138.9
	15 - 19 yrs	269	597.7	557.2 - 640.4	179	377.9	346.6 - 411.2	448	484.9	459.3 - 511.6
	20 - 24 yrs	130	329.8	297.8 - 364.2	128	315.3	284.5 - 348.5	258	322.4	300.1 - 346.0
Total 10-24 yrs		474	373	353.8 - 392.9	341	256.2	240.7 - 272.4	815	313.3	301.0 - 325.9
2004 - 2006	10-14 yrs	79	192.9	169.0 - 219.1	38	87.7	72.3 - 105.5	116	138.9	124.7 - 154.3
	15 - 19 yrs	311	689.5	645.9 - 735.2	200	420.6	387.6 - 455.7	511	551.4	524.2 - 579.7
	20 - 24 yrs	169	406.7	372.1 - 443.7	193	440.7	405.6 - 478.1	362	424.2	399.3 - 450.1
Total 10-24 yrs		559	438.2	417.5 - 459.7	431	320.7	303.5 - 338.7	989	377.9	364.5 - 391.8
2007 - 2009	10-14 yrs	74	192.2	167.7 - 219.3	35	87.7	71.7 - 106.1	109	138.9	124.2 - 154.8
	15 - 19 yrs	351	815.9	767.3 - 866.6	240	527.7	489.8 - 567.7	591	667.9	637.2 - 699.8
	20 - 24 yrs	210	542.9	501.3 - 587.0	204	500.4	461.5 - 541.6	414	521	492.5 - 550.8
Total 10-24 yrs		635	528.9	505.4 - 553.2	479	379.6	360.3 - 399.8	1114	452.4	437.2 - 468.0
2010 - 2011*	10-14 yrs	101	263.9	228.8 - 302.9	43	106.9	85.5 - 132.1	144	183.5	162.9 - 205.9
	15 - 19 yrs	323	766.3	708.3 - 827.7	261	581.6	532.8 - 633.7	584	671	633.0 - 710.6
	20 - 24 yrs	226	573	521.3 - 628.4	211	519.2	470.8 - 571.2	436	545.7	510.0 - 583.1
Total 10-24 yrs		649	542.1	513.0 - 572.4	515	409.6	384.9 - 435.4	1164	474.2	455.2 - 493.9

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Age-specific rates are per 100,000 population. Age-adjusted rates are not calculated for age-specific groups.

95% CI: 95% confidence interval of the rate.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, BY METHOD

Suicide Deaths by Method: Total and by Sex, 2001-2012 (TABLE 5)

- Overall, firearms and hanging/strangulation/suffocation were the two most common methods of suicide death among Maine youth ages 10-24 years between 2001 and 2012.

Females

- Hanging/strangulation/suffocation was generally the most common method of suicide death accounting for 33-67 percent of all suicide deaths among females ages 10-24 years between 2001 and 2012.
- In 2004-2006, hanging/strangulation/suffocation was tied with firearms as the most common method each accounting for 36 percent of suicide deaths among female youth, while in 2010-2012 hanging/strangulation/suffocation was tied with poisoning as the most common method each accounting for 33 percent of suicide deaths among female youth.

Males

- Among Maine male youth, firearms was the most common method of suicide death between 2001 and 2012 accounting for 45-62 percent of all suicide deaths among Maine male youth.
- The second most common method of suicide death among Maine male youth was hanging/strangulation/suffocation ranging from 31-43 percent of all male youth suicide deaths between 2001 and 2012.

Note: Suicide death rates among Maine people ages 10-24 are based on small numbers making percentages very sensitive to small increases or decreases in counts between years. Therefore, it is difficult to make conclusive statements regarding the existence of trends among these data.

TABLE 5: Suicide Deaths by Method: Sex and Total, 2001-2012

Year	Method	Female		Male		Total			
		Total	Average Percent	Total	Average Percent	Total	Average Percent		
2001 - 2003	Firearms	3	30.0%†	29	10	59.2%	32	11	54.2%
	Hanging, strangulation, suffocation	5	50.0%†	17	6	34.7%†	22	7	37.3%
	Poisoning	2	20.0%†	0	0	0.0%†	2	1	3.4%†
	Other*	0	0.0%†	3	1	6.1%†	3	1	5.1%†
Total 2001 - 2003		10	3	49	16	100.0%	59	20	100.0%
2004 - 2006	Firearms	4	36.4%†	28	9	62.2%	32	11	57.1%
	Hanging, strangulation, suffocation	4	36.4%†	14	5	31.1%†	18	6	32.1%†
	Poisoning	2	18.2%†	0	0	0.0%†	2	1	3.6%†
	Other*	1	9.1%†	3	1	6.7%†	4	1	7.1%†
Total 2004 - 2006		11	4	45	15	100.0%	56	19	100.0%
2007 - 2009	Firearms	1	0	25	8	44.6%	26	9	40.0%
	Hanging, strangulation, suffocation	6	2	24	8	42.9%	30	10	46.2%
	Poisoning	0	0.0%†	5	2	8.9%†	5	2	7.7%†
	Other*	2	1	2	1	3.6%†	4	1	6.2%†
Total 2007 - 2009		9	3	56	19	100.0%	65	22	100.0%
2010 - 2012	Firearms	2	1	33	11	50.0%	35	12	46.7%
	Hanging, strangulation, suffocation	3	1	23	8	34.8%	26	9	34.7%
	Poisoning	3	1	5	2	7.6%†	8	3	10.7%†
	Other*	1	0	5	2	7.6%†	6	2	8.0%†
Total 2010 - 2012		9	3	66	22	100.0%	75	25	100.0%

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population estimates.

Suicide related deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03 X60-X84 or Y87.0.

*Other includes Intentional self-harm caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; jumping or lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

Subgroup counts might not sum to Maine total due to missing data or rounding.

†Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, BY METHOD

Intentional Self-Inflicted Injury Related Hospital Discharges by Method: Sex and Age, 2001-2012 (TABLE 6)

Females

- Poisoning was the most common cause of intentional self-inflicted injuries that resulted in a hospitalization among Maine females ages 10-24 years between 2001 and 2012. Generally, poisoning accounted for more than 60 percent of hospitalizations due to intentional self-inflicted injuries among females between 2001 and 2012.
- Between 2001 and 2012, other* methods (which includes jumping from a high place and drowning) was the second most common cause of intentional self-inflicted injuries resulting in hospitalization among females ages 10-14 and 15-19 years, accounting for nearly half of all related hospital discharges in some years.
- Among Maine females ages 20-24 years, cutting was the second most common cause of intentional self-inflicted injuries resulting in hospitalization, ranging from 10-14 percent, and the third most common method among Maine females ages 10-14 and 15-19 years, ranging from 4-13 percent.

Males

- Generally, poisoning was the most common cause of intentional self-inflicted injuries resulting in hospitalization among Maine males ages 15-19 and 20-24 years between 2001 and 2012.
- Among Maine males ages 10-14 years, other* methods were generally the most common cause of intentional self-inflicted injuries resulting in hospitalization between 2001 and 2012.
- The second most common cause of intentional self-inflicted injuries resulting in hospitalization was poisoning among males ages 10-14 years and other* methods among males ages 15-19 years.
- Among Maine males ages 20-24 years, the second and third most common causes of intentional self-inflicted injuries resulting in a hospitalization varied between cutting and other* methods.
- Among younger males (ages 10-14 and 15-19 years), cutting was the third most common cause ranging from 8–17 percent of all intentional self-inflicted injuries resulting in a hospitalization among Maine male youth.

***Other** includes Intentional self-harm caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; jumping or lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 6: Intentional Self-inflicted Injury Related Hospital Discharges by Method: Sex and Age, 2001-2012 (Females)

Year	Method	FEMALES											
		10-14 years			15-19 years			20-24 years			Total		
		Total	Average	Percent	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
2001 - 2003	Cutting	2	1	3.5%†	25	8	7.8%	20	7	10.4%	47	16	8.3%
	Hanging/suffocation	0	0	0.0%†	4	1	1.2%†	1	0	0.5%†	5	2	0.9%†
	Poisoning	47	16	83.9%	274	91	85.6%	162	54	84.8%	483	161	85.2%
	Other*	7	2	12.5%	17	6	5.3%	8	3	4.1%	32	11	5.6%
Total 2001 - 2003	56	19	100.0%	320	107	100.0%	191	64	100.0%	567	189	100.0%	
2004 - 2006	Cutting	9	3	10.7%	32	11	10.2%	27	9	11.7%	68	23	10.9%
	Hanging/suffocation	0	0	0.0%†	0	0	0.0%†	2	1	0.8%†	2	1	0.3%†
	Poisoning	36	12	42.8%	193	64	62.0%	169	56	73.7%	398	133	63.8%
	Other*	39	13	46.4%	86	29	27.6%	31	10	13.5%	156	52	25.0%
Total 2004 - 2006	84	28	100.0%	311	104	100.0%	229	76	100.0%	624	208	100.0%	
2007 - 2009	Cutting	9	3	13.4%	36	12	12.8%	29	10	14.0%	74	25	13.4%
	Hanging/suffocation	1	0	1.4%†	2	1	0.7%†	1	0	0.4%†	4	1	0.7%†
	Poisoning	29	10	43.2%	183	61	65.3%	158	53	76.6%	370	123	66.9%
	Other*	28	9	41.7%	59	20	21.0%	18	6	8.7%	105	35	19.0%
Total 2007 - 2009	67	22	100.0%	280	93	100.0%	206	69	100.0%	553	184	100.0%	
2010 - 2012	Cutting	8	3	9.5%	21	7	9.2%	19	6	10.0%	48	16	9.6%
	Hanging/suffocation	2	1	2.3%†	1	0	0.4%†	1	0	0.5%†	4	1	0.8%†
	Poisoning	45	15	53.5%	155	52	67.9%	154	51	81.0%	354	118	70.5%
	Other*	29	10	34.5%	51	17	22.3%	16	5	8.4%	96	32	19.1%
Total 2010 - 2012	84	28	100.0%	228	76	100.0%	190	63	100.0%	502	167	100.0%	

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959 .

*'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

Subgroup counts might not sum to Maine total due to missing data or rounding.

†Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

TABLE 6 (cont): Intentional Self-inflicted Injury Related Hospital Discharges by Method: Sex and Age, 2001-2012 (Males)

Year	Method	MALES											
		10-14 years			15-19 years			20-24 years			Total		
		Total	Average	Percent	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
2001 - 2003	Cutting	5	2	16.6%†	16	5	10.2%	24	8	14.0%	45	15	12.6%
	Hanging/suffocation	1	0	3.3%†	1	0	0.6%†	6	2	3.5%†	8	3	2.2%
	Poisoning	15	5	50.0%	110	37	70.5%	129	43	75.4%	254	85	71.1%
	Other*	9	3	30.0%	29	10	18.5%	12	4	7.0%	50	17	14.0%
Total 2001 - 2003		30	10	100.0%	156	52	100.0%	171	57	100.0%	357	119	100.0%
2004 - 2006	Cutting	5	2	10.0%†	19	6	9.9%	28	9	15.7%	52	17	12.4%
	Hanging/suffocation	0	0	0.0%†	6	2	3.1%†	8	3	4.4%	14	5	3.3%
	Poisoning	6	2	12.0%†	88	29	46.0%	107	36	60.1%	201	67	48.0%
	Other*	39	13	78.0%	78	26	40.8%	35	12	19.6%	152	51	36.3%
Total 2004 - 2006		50	17	100.0%	191	64	100.0%	178	59	100.0%	419	140	100.0%
2007 - 2009	Cutting	0	0	0.0%†	12	4	8.0%	28	9	14.3%	40	13	10.7%
	Hanging/suffocation	0	0	0.0%†	5	2	3.3%†	10	3	5.1%	15	5	4.0%
	Poisoning	9	3	31.0%†	86	29	57.3%	126	42	64.6%	221	74	59.1%
	Other*	20	7	68.9%	47	16	31.3%	31	10	15.8%	98	33	26.2%
Total 2007 - 2009		29	10	100.0%	150	50	100.0%	195	65	100.0%	374	125	100.0%
2010 - 2012	Cutting	2	1	9.0%†	16	5	13.0%	31	10	18.9%	49	16	15.9%
	Hanging/suffocation	1	0	4.5%†	7	2	5.6%	2	1	1.2%†	10	3	3.2%
	Poisoning	6	2	27.2%†	76	25	61.7%	106	35	64.6%	188	63	60.8%
	Other*	13	4	59.0%	24	8	19.5%	25	8	15.2%	62	21	20.1%
Total 2010 - 2012		22	7	100.0%	123	41	100.0%	164	55	100.0%	309	103	100.0%

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959 .

*'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

Subgroup counts might not sum to Maine total due to missing data or rounding.

†Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

YOUTH (AGES 10 - 24): TREND

THREE-YEAR NON-OVERLAPPING PERIODS, BY METHOD

Intentional Self-inflicted Injury Related Emergency Department Visits (TABLE 7)

Note: Emergency department visit data are not yet available for 2012.

Females

- Among Maine females ages 10-14 years, poisoning was the most common cause of intentional self-inflicted injuries resulting in an emergency department visit between 2001 and 2003, while cutting was the most common method between 2004-2011.
- Emergency department visits due to poisoning among females ages 10-14 years declined between 2001 and 2011, while visits due to cutting and other* methods increased.
- Among Maine females ages 15-19 years, poisoning was the most common cause of intentional self-inflicted injuries resulting in an emergency department visit between 2001-2006 while cutting was the most common cause between 2007-2011.
- Among Maine females ages 20-24 years, poisoning was the most common cause of intentional self-inflicted injuries resulting in an emergency department visits between 2001 and 2006 while cutting was the most common cause between 2007 and 2011.

Males

- Among Maine males ages 10-19 years, other* methods were the most common cause of intentional self-inflicted injuries resulting in an emergency department visit from 2001-2011.
- Cutting was consistently the most common cause among Maine males ages 20-24 years between 2001-2011, ranging from 33-39 percent of all intentional self-inflicted injuries resulting in an emergency department visit among Maine male youth.
- Among all Maine males ages 10-24 years, cutting and other* methods were consistently the most common cause of intentional self-inflicted injuries resulting in an emergency department visit between 2001 and 2011.

***Other** includes intentional self-harm caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; jumping or lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 7 (cont): Intentional Self-inflicted Injury Related Emergency Department Visits by Method: Sex and Age, 2001-2011* (Females)

Year	Method	FEMALES											
		10-14 Years			15-19 Years			20-24 Years			Total		
		Total	Average	Percent	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
2001 - 2003	Cutting	79	26	34.8%	280	93	34.7%	134	45	34.3%	493	164	34.6%
	Hanging/suffocation	2	1	0.8%†	7	2	0.9%	2	1	0.5%†	11	4	0.8%
	Poisoning	129	43	56.8%	434	145	53.8%	207	69	53.0%	770	257	54.1%
	Other**	17	6	7.4%	85	28	10.5%	47	16	12.0%	149	50	10.5%
Total 2001 - 2003	227	76	100.0%	806	269	100.0%	390	130	100.0%	1423	474	100.0%	
2004 - 2006	Cutting	109	36	46.1%	394	131	42.3%	206	69	40.5%	709	236	42.3%
	Hanging/suffocation	3	1	1.2%†	7	2	0.8%	5	2	0.9%†	15	5	0.9%
	Poisoning	91	30	38.5%	439	146	47.1%	245	82	48.2%	775	258	46.2%
	Other**	33	11	13.9%	92	31	9.9%	52	17	10.2%	177	59	10.6%
Total 2004 - 2006	236	79	100.0%	932	311	100.0%	508	169	100.0%	1676	559	100.0%	
2007 - 2009	Cutting	103	34	46.6%	462	154	43.8%	249	83	39.5%	814	271	42.8%
	Hanging/suffocation	1	0	0.5%†	17	6	1.6%	7	2	1.1%	25	8	1.3%
	Poisoning	80	27	36.2%	436	145	41.3%	281	94	44.6%	797	266	41.9%
	Other**	37	12	16.7%	139	46	13.1%	92	31	14.6%	268	89	14.1%
Total 2007 - 2009	221	74	100.0%	1054	351	100.0%	629	210	100.0%	1904	635	100.0%	
2010 - 2011	Cutting	99	33	49.0%	275	92	42.6%	169	56	37.4%	543	181	41.8%
	Hanging/suffocation	3	1	1.4%†	16	5	2.4%	7	2	1.5%	26	9	2.0%
	Poisoning	52	17	25.7%	264	88	40.9%	200	67	44.3%	516	172	39.8%
	Other**	48	16	23.7%	90	30	13.9%	75	25	16.6%	213	71	16.4%
Total 2010 - 2012	202	67	100.0%	645	215	100.0%	451	150	100.0%	1298	433	100.0%	

*Emergency department data not available for 2012; percentages and counts for the 2010-2011 year groups are calculated for 2 year intervals.

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Intentional self-inflicted injury related emergency department visits are defined as emergency department visits by Maine residents at any Maine hospitals that did not end with the patient being admitted to that hospital as an inpatient for which the external cause of injury code ICD-9-CM E950-E959 appears in any diagnosis or external cause of injury field.

Subgroup counts might not sum to Maine total due to missing data or rounding.

**'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

† Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

TABLE 7 (cont): Intentional Self-inflicted Injury Related Emergency Department Visits by Method: Sex and Age, 2001-2011* (Males)

Year	Method	MALES											
		10-14 years			15-19 years			20-24 years			Total		
		Total	Average	Percent	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
2001 - 2003	Cutting	25	8	24.5%	189	63	35.1%	148	49	38.5%	362	121	35.4%
	Hanging/suffocation	4	1	3.9%†	12	4	2.2%	21	7	5.4%	37	12	3.6%
	Poisoning	35	12	34.3%	136	45	25.3%	81	27	21.0%	252	84	24.6%
	Other**	38	13	37.3%	200	67	37.2%	134	45	34.8%	372	124	36.4%
	Total 2001 - 2003	102	34	100.0%	537	179	100.0%	384	128	100.0%	1023	341	100.0%
2004 - 2006	Cutting	21	7	18.5%	189	63	31.5%	216	72	37.3%	426	142	33.0%
	Hanging/suffocation	4	1	3.5%†	12	4	2.0%	9	3	1.5%†	25	8	1.9%
	Poisoning	27	9	23.8%	183	61	30.5%	198	66	34.1%	408	136	31.6%
	Other**	61	20	53.9%	216	72	36.0%	156	52	26.9%	433	144	33.5%
	Total 2004 - 2006	113	38	100.0%	600	200	100.0%	579	193	100.0%	1292	431	100.0%
2007 - 2009	Cutting	28	9	26.7%	197	66	27.3%	224	75	36.5%	449	150	31.2%
	Hanging/suffocation	4	1	3.8%†	19	6	2.6%	15	5	2.4%	38	13	2.6%
	Poisoning	26	9	24.8%	189	63	26.2%	161	54	26.2%	376	125	26.2%
	Other**	47	16	44.8%	314	105	43.6%	213	71	34.7%	574	191	39.9%
	Total 2007 - 2009	105	35	100.0%	719	240	100.0%	613	204	100.0%	1437	479	100.0%
2010 - 2011	Cutting	17	6	19.7%	161	54	30.8%	141	47	33.4%	319	106	31.0%
	Hanging/suffocation	6	2	6.9%†	18	6	3.4%†	16	5	3.8%	40	13	3.9%
	Poisoning	12	4	13.9%	156	52	29.8%	125	42	29.6%	293	98	28.5%
	Other**	51	17	59.3%	187	62	35.8%	139	46	33.0%	377	126	36.6%
	Total 2010 - 2011	86	29	100.0%	522	174	100.0%	421	140	100.0%	1029	343	100.0%

*Emergency department data not available for 2012: percentages and counts for the 2010-2011 year groups are calculated for 2 year intervals.

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Intentional self-inflicted injury related emergency department visits are defined as emergency department visits by Maine residents at any Maine hospitals that did not end with the patient being admitted to that hospital as an inpatient for which the external cause of injury code ICD-9-CM E950-E959 appears in any diagnosis or external cause of injury field.

Subgroup counts might not sum to Maine total due to missing data or rounding.

'Other' methods include intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; jumping from a high place; drowning; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

†Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

SECTION TWO

DEMOGRAPHICS

YOUTH (AGES 10 to 24): DEMOGRAPHICS

DEATHS

Suicide Deaths by Sex and Age, 2010-2012 (TABLE 8)

- Each year an average of 25 Maine youth between the ages of 10-24 years die by suicide, a rate of 9.9 deaths per 100,000.
- Between 2010-2012, there were more suicide deaths among males (22 annual average) than females (3 annual average).
- The highest suicide death rates among Maine youth occurred among youth ages 20-24 years (18.8 deaths per 100,000), accounting for 60 percent of all suicide deaths among all Maine youth ages 10-24 years.
- Maine youth ages 10-14 years had the lowest rate of suicide death (1.3 per 100,000) among all Maine youth ages 10-24 years.

TABLE 8: Suicide Deaths by Sex and Age, 2010-2012

	Average Annual Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	25	10.2	8.1 - 12.8	9.9	7.8 - 12.3
Sex					
Female	3	2.5 [†]	1.2 - 4.8 [†]	2.4 [†]	1.1 - 4.4 [†]
Male	22	17.6	13.6 - 22.4	17.0	13.2 - 21.5
Age					
10-14 years	1	1.3 [†]	0.3 - 3.7 [†]	NApp	NApp
15-19 years	9	10.4	6.9 - 15.2	NApp	NApp
20-24 years	15	18.8	13.7 - 25.1	NApp	NApp

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population.

Suicide deaths are defined as deaths in which the underlying cause of death was coded as ICD-10 U03, X60-X84 or Y87.0.

Crude rates are deaths per 100,000 population. Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

95% CI: 95% confidence interval of the rate.

Subgroup counts might not sum to Maine total due to missing data or rounding.

NApp = Not applicable; age-adjusted rates are not calculated for age-specific groups.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

YOUTH (AGES 10 to 24): DEMOGRAPHICS

DEATHS

Suicide Deaths by Geography, 2003-2012 (TABLE 9)

- Ten years of data were combined to examine suicide deaths by county and public health district among youth. The combined years' estimates provide higher numbers and yield more stable rates over time.

County

- In 2003-2012, Cumberland County had the highest average annual count of suicide death among youth ages 10-24 years (4 deaths).
- Knox and Lincoln counties had the highest age-adjusted suicide death rates among youth ages 10-24 years in 2003-2012, while the lowest suicide death rate occurred in Franklin County. However, because these rates are all flagged for reliability* and have overlapping 95% confidence intervals, they cannot be considered statistically different.
- Several counties' average annual counts and corresponding rates were suppressed for privacy as the annual numerators were less than 6. The remaining counties' rates were flagged for reliability* (with the exception of Androscoggin, Cumberland, Penobscot and York counties).

Public Health District

- In 2003-2012, the Cumberland public health district had the highest average annual count of suicide deaths among Maine youth ages 10-24 (4 deaths).
- However, the highest age-adjusted rate occurred in the Midcoast public health district (11.6 per 100,000) while the lowest rate, 5.5 per 100,000*, occurred in the Downeast district.

*Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

TABLE 9: Suicide Deaths by Geography, 2003-2012 (10 Years)

	Average Annual Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	21	8.4	7.3 - 9.6	8.1	7.0 - 9.2
County					
Androscoggin	2	10.0	6.2 - 15.4	9.8	6.0 - 14.5
Aroostook	1	6.7 [†]	3.1 - 12.7 [†]	6.4[†]	2.9 - 11.5[†]
Cumberland	4	7.9	5.7 - 10.7	7.7	5.6 - 10.3
Franklin	DSP	DSP	DSP	DSP	DSP
Hancock	1	6.2 [†]	2.3 - 13.5 [†]	5.9[†]	2.2 - 11.7[†]
Kennebec	2	6.8 [†]	3.9 - 11.1 [†]	6.6[†]	3.7 - 10.3[†]
Knox	1	16.3 [†]	8.1 - 29.2 [†]	16.3[†]	8.1 - 27.7[†]
Lincoln	1	13.7 [†]	5.9 - 27.1 [†]	14.4[†]	6.2 - 26.4[†]
Oxford	DSP	DSP	DSP	DSP	DSP
Penobscot	3	9.2	6.2 - 13.2	8.3	5.6 - 11.7
Piscataquis	DSP	DSP	DSP	DSP	DSP
Sagadahoc	1	10.7 [†]	4.3 - 22.0 [†]	11.4[†]	4.6 - 21.7[†]
Somerset	DSP	DSP	DSP	DSP	DSP
Waldo	DSP	DSP	DSP	DSP	DSP
Washington	DSP	DSP	DSP	DSP	DSP
York	3	8.0	5.4 - 11.4	8.1	5.5 - 11.4
District					
Aroostook	1	6.7 [†]	3.1 - 12.7 [†]	6.4[†]	2.9 - 11.5[†]
Central	2	6.1	3.7 - 9.4	5.9	3.6 - 8.9
Cumberland	4	7.9	5.7 - 10.7	7.7	5.6 - 10.3
Downeast	1	5.8 [†]	2.6 - 11.0 [†]	5.5[†]	2.5 - 9.9[†]
Midcoast	3	11.4	7.7 - 16.3	11.6	7.8 - 16.2
Penquis	3	9.0	6.2 - 12.7	8.2	5.6 - 11.4
Western	3	7.6	5.1 - 11.0	7.4	4.9 - 10.4
York	3	8.0	5.4 - 11.4	8.1	5.5 - 11.4

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population. Suicide deaths are defined as deaths in which the underlying cause of death was coded as ICD-10 U03, X60-X84 or Y87.0. Crude rates are deaths per 100,000 population. Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population.

Subgroup counts might not sum to Maine total due to missing data or rounding. 95% CI: 95% confidence interval of the rate. DSP:

Suppressed for privacy, sum of annual numerators less than 6. DSP: Data suppressed for privacy.

[†]Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

YOUTH (AGES 10 to 24): DEMOGRAPHICS

HOSPITAL DISCHARGES

Intentional Self-inflicted Injury Related Hospital Discharges by Total, Sex and Age, 2010-2012

(TABLE 10)

- Each year an average of 270 Maine youth ages 10-24 are discharged from the hospital due to intentional self-inflicted injuries.
- Significantly more Maine female youth than male youth are discharged from the hospital due to intentional self-inflicted injuries each year. In 2010-2012, more hospital discharges due to intentional self-inflicted injuries occurred among females (167 annual average) than males (103 annual average) resulting in a significantly higher age-adjusted rate among females (138.0 discharges per 100,000) compared to males (80.1 discharges per 100,000).
- The most hospital discharges due to intentional self-inflicted injuries occurred among Maine youth ages 15-24 years accounting for 87 percent of all hospital discharges due to intentional self-inflicted injuries among all Maine youth ages 10-24.

TABLE 10: Intentional Self-inflicted Injury Related Hospital Discharges by Total, Sex and Age, 2010-2012

	Average Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	270	110.7	103.3 - 118.6	108.3	101.0 - 115.9
Sex					
Female	167	140.5	128.5 - 153.3	138.0	126.2 - 150.5
Male	103	82.4	73.5 - 92.1	80.1	71.4 - 89.3
Age					
10-14 years	35	45.3	37.1 - 54.8	NApp	NApp
15-19 years	117	135.7	121.8 - 150.6	NApp	NApp
20-24 years	118	147.7	132.8 - 164.0	NApp	NApp

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Intentional self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959 .

Crude rates are hospital discharges per 100,000 population. Age-adjusted rates are hospital discharges per 100,000 population age-adjusted to the U.S. 2000 standard population.

95% CI: 95% confidence interval of the rate.

Subgroup counts might not sum to Maine total due to missing data or rounding.

NApp = Not applicable; age-adjusted rates are not calculated for age-specific groups.

YOUTH (AGES 10 to 24): DEMOGRAPHICS

HOSPITAL DISCHARGES

Intentional Self-inflicted Injury Related Hospital Discharges by Geography, 2010-2012

(TABLE 11)

County

- Each year an average of 270 Maine youth ages 10-24 are discharged from the hospital due to intentional self-inflicted injuries.
- The highest age-adjusted rates of hospitalization among Maine youth ages 10-24 due to intentional self-inflicted injuries occurred in Sagadahoc, Knox and Androscoggin counties, which were all significantly higher than the state's rate.
- The lowest age-adjusted rates of hospitalization due to intentional self-inflicted injuries occurred in Franklin and Washington counties, which were significantly lower than the rates of the counties with the highest rates (Sagadahoc, Knox and Androscoggin). Washington County's rate was also significantly lower than the state's rate.

Public Health District

- The highest age-adjusted hospitalization rates due to intentional self-injuries occurred in the Midcoast (21.5 per 100,000) and Western (17.1 per 100,000) districts, which were both significantly higher than the state rate.
- The lowest age-adjusted hospitalization rate due to intentional self-inflicted injuries occurred in the Downeast (9.3 per 100,000) and Penquis (9.4 per 100,000) districts. The Penquis district's rate was significantly lower than the state's rate.

TABLE 11: Intentional Self-inflicted Injury Related Hospital Discharges by Geography, 2010-2012

	Average Annual Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	270	110.7	103.3 - 118.6	108.3	101.0 - 115.9
County					
Androscoggin	38	184.9	152.5 - 222.1	181.5	149.7 - 216.9
Aroostook	12	94.8	66.4 - 131.3	94.3	66.0 - 128.4
Cumberland	51	96.3	81.7 - 112.9	94.1	79.8 - 109.8
Franklin	4	67.7 [†]	36.0 - 115.7 [†]	63.6[†]	33.7 - 104.4[†]
Hancock	10	108.2	72.5 - 155.5	104.4	69.9 - 146.9
Kennebec	27	120.8	96.0 - 150.2	118.9	94.4 - 146.6
Knox	12	190.5	132.7 - 265.0	198.6	138.3 - 271.4
Lincoln	7	135.7	84.0 - 207.4	140.7	86.9 - 209.1
Oxford	11	105.3	72.0 - 148.6	106.4	72.6 - 147.6
Penobscot	26	78.1	61.8 - 97.3	73.1	57.6 - 90.7
Piscataquis	2	86.5 [†]	34.8 - 178.1 [†]	94.9[†]	37.5 - 182.4[†]
Sagadahoc	13	221.9	157.0 - 304.6	223.1	157.8 - 301.4
Somerset	12	129.2	90.0 - 179.7	131.9	91.7 - 180.4
Waldo	12	176.5	123.6 - 244.3	176.9	123.8 - 240.8
Washington	2	43.2 [†]	17.4 - 89.0 [†]	41.1[†]	16.5 - 78.8[†]
York	31	87.4	70.5 - 107.1	87.7	70.8 - 106.8
District					
Aroostook	12	94.8	66.4 - 131.3	94.3	66.0 - 128.4
Central	39	123.2	101.8 - 147.8	122.8	101.5 - 146.5
Cumberland	51	96.3	81.7 - 112.9	94.1	79.8 - 109.8
Downeast	12	83.7	58.6 - 115.9	80.3	56.2 - 109.3
Midcoast	43	182.1	152.2 - 216.3	185.7	155.1 - 219.4
Penquis	29	78.7	62.9 - 97.2	73.3	58.5 - 90.2
Western	53	142.9	121.5 - 166.9	140.5	119.5 - 163.4
York	31	87.4	70.5 - 107.1	87.7	70.8 - 106.8

Data Source: Maine Hospital Inpatient Database: Maine Health Data Organization.

Intentional self-inflicted injury related hospital discharges are defined as hospital discharges in which any listed external cause of injury was coded as ICD-9CM E950-E959. Crude rates are hospital discharges per 100,000 population. Age-adjusted rates are hospital discharges per 100,000 population age-adjusted to the U.S. 2000 standard population. 95% CI: 95% confidence interval of the rate. Subgroup counts might not sum to Maine total due to missing data or rounding. [†]Rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.

YOUTH (AGES 10 to 24): DEMOGRAPHICS

EMERGENCY DEPARTMENT VISITS

Intentional Self-inflicted Injury Related Emergency Department Visits by Total, Sex and Age, 2009-2011 (TABLE 12)

Note: Emergency department visit data are not yet available for 2012.

- From 2009-2011, there were an average of 1,137 emergency department visits among Maine youth ages 10-24 years due to intentional self-inflicted injuries – a rate of 451 visits per 100,000.
- The highest rate of emergency department visits due to intentional self-inflicted injuries occurred among Maine youth ages 15-24 years (662 per 100,000). The rates among Maine youth ages 15-19 years and 20-24 years (519 per 100,000) were more than triple and double the rate among Maine youth ages 10-14 years (180 per 100,000), respectively.
- There were more emergency department visits due to intentional self-inflicted injuries among Maine female youth (643 annual average) than male youth (494 annual average) resulting in a significantly higher rate among females (537 visits per 100,000) than males (392 visits per 100,000).
- Emergency department visits among Maine youth ages 15-24 years accounted for 88 percent of all intentional self-inflicted injury related emergency department visits among all Maine youth (ages 10-24).

TABLE 12: Intentional Self-inflicted Injury Related Emergency Department Visits, Total, by Sex and Age, 2009-2011

	Average Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	1,137	462.7	447.3 - 478.4	450.9	435.9 - 466.2
Sex					
Female	643	537.1	513.4 - 561.6	526.0	502.8 - 549.9
Male	494	391.9	372.2 - 412.3	379.7	360.6 - 399.4
Age					
10-14 years	140	179.9	163.1 - 198.0	NApp	NApp
15-19 years	579	662.0	631.2 - 693.8	NApp	NApp
20-24 years	418	519.4	491.1 - 549.0	NApp	NApp

*Emergency department data not available for 2012: rates and averages for the 2010-2011 year groups are calculated for 2 year intervals.

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Intentional self-inflicted injury related emergency department visits are defined as emergency department visits by Maine residents at any Maine hospitals that did not end with the patient being admitted to that hospital as an inpatient for which the external cause of injury code ICD-9-CM E950-E959 appears in any diagnosis or external cause of injury field.

Crude rates are emergency department visits per 100,000 population.

Age-adjusted rates are emergency department visits per 100,000 population age-adjusted to the U.S. 2000 standard population.

95% CI: 95% confidence interval of the rate.

Subgroup counts might not sum to Maine total due to missing data or rounding.

NApp = Not applicable; age-adjusted rates are not calculated for age-specific groups.

YOUTH (AGES 10 to 24): DEMOGRAPHICS

EMERGENCY DEPARTMENT VISITS

Intentional Self-inflicted Injury Related Emergency Department Visits by Geography, 2009-2011 (TABLE 13)

Note: Emergency department visit data are not yet available for 2012.

County

- The highest age-adjusted emergency department visit rates due to intentional self-inflicted injuries occurred in Piscataquis (651.4 visits per 100,000) and Cumberland (597.3 visits per 100,000) counties, which were both significantly higher than the state rate (450.9 visits per 100,000).
- The lowest age-adjusted emergency department visit rates due to intentional self-inflicted injuries occurred in Washington (293.6 visits per 100,000) and Hancock (259.6 visits per 100,000) counties, which were both significantly lower than the state rate.

Public Health District

- The Cumberland and York public health districts had the highest age-adjusted emergency department visit rates (597.3 and 468.5 per 100,000, respectively) due to intentional self-inflicted injuries. Only Cumberland's rate was significantly higher than the state rate.
- Downeast and Aroostook public health districts had the lowest age-adjusted emergency department visit rates (270.3 and 364.1 visits per 100,000, respectively) due to intentional self-inflicted injuries, which were both significantly lower than the state rate.

TABLE 13: Intentional Self-inflicted Injury Related Emergency Department Visits by Geography, 2009-2011

	Average Annual Number	Crude Rate		Age-Adjusted Rate	
		Rate	95% CI	Rate	95% CI
Maine total	1,137	462.7	447.3 - 478.4	450.9	435.9 - 466.2
County					
Androscoggin	92	450.0	398.4 - 506.3	440.3	389.8 - 494.3
Aroostook	48	371.2	312.9 - 437.3	364.1	306.8 - 427.1
Cumberland	326	614.1	576.2 - 653.8	597.3	560.4 - 635.5
Franklin	33	508.5	412.8 - 619.7	485.0	393.1 - 588.1
Hancock	25	269.4	211.5 - 338.2	259.6	203.7 - 323.3
Kennebec	89	394.7	348.8 - 444.9	387.9	342.8 - 436.2
Knox	29	448.5	358.7 - 553.9	452.7	362.1 - 554.9
Lincoln	20	376.2	287.7 - 483.2	372.4	284.7 - 473.7
Oxford	33	322.6	262.2 - 392.7	321.8	261.3 - 389.6
Penobscot	130	396.3	358.0 - 437.6	367.5	331.5 - 405.6
Piscataquis	19	701.9	533.0 - 907.4	651.4	493.9 - 834.3
Sagadahoc	28	476.9	380.9 - 589.6	475.5	379.7 - 583.6
Somerset	40	442.4	367.1 - 528.6	446.9	370.5 - 531.4
Waldo	38	547.8	451.4 - 658.6	542.0	446.5 - 648.0
Washington	16	298.5	220.8 - 394.6	293.6	217.0 - 383.4
York	171	472.1	432.1 - 514.8	468.5	428.7 - 510.3
District					
Aroostook	48	371.2	312.9 - 437.3	364.1	306.8 - 427.1
Central	130	408.4	368.8 - 451.1	403.9	364.8 - 445.4
Cumberland	326	614.1	576.2 - 653.8	597.3	560.4 - 635.5
Downeast	41	280.3	232.9 - 334.4	270.3	224.6 - 320.9
Midcoast	115	467.2	419.2 - 519.2	466.3	418.3 - 517.2
Penquis	150	420.0	382.0 - 460.7	393.8	357.8 - 431.7
Western	158	425.0	387.5 - 465.1	415.1	378.5 - 453.7
York	171	472.1	432.1 - 514.8	468.5	428.7 - 510.3

*Emergency department data not available for 2012: rates and averages for the 2010-2011 year groups are calculated for 2 year intervals. Data Source: Maine Hospital Outpatient Database: Maine Health Data Organization. Intentional self-inflicted injury related emergency department (ED) visits are defined as an ED visit in which any listed external cause of injury was coded as ICD-9CM E905-E959. Crude rates are ED visits per 100,000 population. Age-adjusted rates are ED visits per 100,000 population age-adjusted to the U.S. 2000 standard population. 95% CI: 95% confidence interval of the rate. Subgroup counts might not sum to Maine total due to missing data or rounding.

SECTION THREE

METHOD

YOUTH (AGES 10 to 24): METHOD

DEATHS

Suicide Deaths, Total, 2010-2012 (TABLE 14)

- From 2010-2012 there were 75 suicide deaths among Maine youth ages 10-24 years (25 annual average).
- Firearms were the most common method of suicide death among Maine youth accounting for 47 percent of all youth suicide deaths, followed by hanging/strangulation/suffocation (35 percent) and poisoning (8 percent).
- Jumping and other* methods were the least common methods of suicide death among Maine youth accounting for less than 3 percent of all suicide deaths among Maine youth ages 10-24 years from 2010-2012.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 14: Suicide Deaths by Method, Total, 2010-2012

METHOD OF SUICIDE DEATH	TOTAL	AVERAGE	PERCENT
Firearms	35	12	46.7%
Hanging, strangulation, suffocation	26	9	34.7%
Poisoning	8	3	10.7%†
Drowning	4	1	5.3%†
Jumping	1	0	1.3%†
Other*	1	0	1.3%†
TOTAL 2010-2012	75	25	100.0%

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population.

Suicide deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03, X60-X84 or Y87.0.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes suicide deaths caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

DEATHS

Suicide Deaths by Sex and Method, 2010-2012 (TABLE 15)

- Among Maine youth ages 10-24 years, there were more suicide deaths among males than females in 2010-2012. There were 66 suicide deaths among Maine males ages 10-24 (22 annual average) compared to 9 among Maine females ages 10-24 (3 annual average).

Females

- Among Maine females, hanging/strangulation/suffocation and poisoning were the most common methods of suicide death (3 deaths each), accounting for 67 percent of all suicide deaths among females ages 10-24 years in 2010-2012.
- Firearms were the second most common method of suicide death among females ages 10-24 years (2 deaths) accounting for 22 percent of all female youth suicide deaths.
- There were no suicide deaths among female youth by jumping or other*.

Males

- Firearms were the most common method of suicide death among Maine males ages 10-24 years (33 deaths) accounting for 50 percent of all Maine male youth suicide deaths in 2010-2012.
- The second most common method of suicide death among male youth ages 10-24 years was hanging/strangulation/suffocation (23 deaths) accounting for 35 percent of all male youth suicide deaths.
- Poisoning, drowning, jumping and other* methods were the least common methods of suicide death among male youth accounting for 15 percent of all male youth suicides combined.

***Other** includes suicide deaths caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 15: Suicide Deaths by Sex and Method, 2010-2012

METHOD of SUICIDE DEATH	FEMALE			MALE		
	TOTAL	AVERAGE	PERCENT	TOTAL	AVERAGE	PERCENT
Firearms	2	1	22.2%†	33	11	50.0%
Hanging, strangulation, suffocation	3	1	33.3%†	23	8	34.8%
Poisoning	3	1	33.3%†	5	2	7.6%†
Drowning	1	0	11.1%†	3	1	4.5%†
Jumping	0	0	0.0%†	1	0	1.5%†
Other*	0	0	0.0%†	1	0	1.5%†
TOTAL 2010-2012	9	3	100.0%†	66	22	100.0%

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population.

Suicide deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03, X60-X84 or Y87.0.

Poisoning includes drugs/alcohol/gas/other.

Subgroup counts might not sum to Maine total due to missing data or rounding.

†Flagged for reliability due to numerators less than 20.

***Other** includes suicide deaths caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

DEATHS

Suicide Deaths by Age and Method, 2010-2012 (TABLE 16)

- During 2010-2012, the most suicide deaths occurred among Maine young adults ages 20-24 years (45 annual average) while the fewest suicide deaths were among Maine youth ages 10-14 years (1 annual average).
- Firearms were the most common method of suicide death among Maine young adults ages 20-24 years accounting for 53 percent of all suicide deaths in that age group.
- Among Maine youth ages 10-14 and 15-19 years, hanging/strangulation/suffocation was the most common method of suicide death accounting for 67 percent and 44 percent of all suicide deaths within each age group, respectively.
- The second most common method of suicide death among 10-14 year olds was jumping (33 percent), firearms among 15-19 year olds (41 percent), and hanging/strangulation/suffocation among 20-24 years (27 percent).
- The least common methods of suicide death among 15-19 and 20-24 year olds was poisoning, drowning, jumping and other* methods accounting for 15 and 20 percent of all suicide deaths in those age groups, respectively.

***Other** includes suicide deaths caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 16: Suicide Deaths by Age and Method, 2010-2012

METHOD OF SUICIDE DEATH	AGE								
	10-14 YEARS			15-19 YEARS			20-24 YEARS		
	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
Firearms	0	0	0.0%†	11	4	40.7%†	24	8	53.3%
Hanging, strangulation, suffocation	2	1	66.7%†	12	4	44.4%†	12	4	26.7%†
Poisoning	0	0	0.0%†	1	0	3.7%†	7	2	15.6%†
Drowning	0	0	0.0%†	2	1	7.4%†	2	1	4.4%†
Jumping	1	0	33.3%†	0	0	0.0%†	0	0	0.0%†
Other*	0	0	0.0%†	1	0	3.7%†	0	0	0.0%†
TOTAL 2010-2012	3	1	100.0%	27	9	100.0%	45	15	100.0%

Data Source: Maine death certificate, Maine CDC Data, Research and Vital Statistics. U.S. Census Bureau population.

Suicide related deaths are defined as deaths of Maine residents for which the underlying cause of death was coded as ICD-10 U03, X60-X84 or Y87.0.

Subgroup counts might not sum to Maine total due to missing data or rounding.

†Flagged for reliability due to numerators less than 20.

***Other** includes suicide deaths caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

HOSPITAL DISCHARGES

Intentional Self-inflicted Injury Related Hospital Discharges by Method, Total, 2010-2012 (TABLE 17)

- During 2010-2012, there was an annual average of 270 hospital discharges due to intentional self-inflicted injuries among Maine youth ages 10-24 years.
- Poisoning was the most common cause of intentional self-inflicted injuries resulting in hospitalization accounting for 67 percent of all discharges due to intentional self-inflicted injuries among Maine youth, followed by other* methods (18 percent) and cutting (12 percent).
- Firearms, hanging/suffocation/strangulation, jumping and drowning were the least common causes accounting for 3 percent of all hospital discharges due to intentional self-inflicted injuries among Maine youth ages 10-24 years in 2010-2012.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 17: Intentional Self-inflicted Injury Related Hospital Discharges, Total, 2010-2012

METHOD OF SELF-INFLICTED INJURY	TOTAL	AVERAGE	PERCENT
Cutting	97	32	12.0%
Firearms	2	1	0.2%†
Hanging/suffocation/strangulation	14	5	1.7%†
Jumping	9	3	1.1%†
Poisoning	542	181	66.8%
Drowning	0	0	0.0%†
Other*	147	49	18.1%
TOTAL 2010/2012	811	270	100.0%

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

HOSPITAL DISCHARGES

Intentional Self-inflicted Injury Related Hospital Discharges by Sex and Method, 2010-2012 (TABLE 18)

- During 2010-2012, there were more hospital discharges due to intentional self-inflicted injuries among Maine females ages 10-24 (167 annual average) than among Maine males ages 10-24 (103 annual average).
- Poisoning was the most common cause of intentional self-inflicted injuries resulting in hospitalization among both females and males, accounting for 71 percent and 61 percent, respectively, of all hospital discharges due to intentional self-inflicted injuries among youth.
- Other* was the second most common cause of hospital discharges due to intentional self-inflicted injuries among both females (18 percent) and males (18 percent) while cutting was third (10 percent females, 16 percent males).
- Firearms, hanging/suffocation/strangulation, drowning and jumping were the least common causes of hospital discharges due to intentional self-inflicted injuries among both female and male youth accounting for less than 2 percent of all intentional self-inflicted injury related hospital discharges among females and 5 percent among males during 2010-2012.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 18: Intentional Self-inflicted Injury Related Hospital Discharges by Sex and Method, 2010-2012

METHOD OF SELF-INFLICTED INJURY	FEMALE			MALE		
	Total	Average	Percent	Total	Average	Percent
Cutting	48	16	9.5%	49	16	15.8%
Firearms	0	0	0.0%†	2	1	0.6%†
Hanging/suffocation/strangulation	4	1	0.7%†	10	3	3.2%†
Jumping	5	2	0.9%†	4	1	1.2%†
Poisoning	354	118	70.5%	188	63	60.8%
Drowning	0	0	0.0%†	0	0	0.0%†
Other*	91	30	18.1%	56	19	18.1%
TOTAL 2010-2012	502	167	100.0%	309	103	100.0%

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

HOSPITAL DISCHARGES

Intentional Self-inflicted Injury Related Hospital Discharges by Age and Method, 2010-2012

(TABLE 19)

- During 2010-2012, the fewest hospital discharges due to intentional self-inflicted injuries occurred among Maine youth ages 10-14 years (35 annual average) while the most occurred among Maine youth ages 15-19 years (117 annual average) and young adults ages 20-24 years (118 annual average).
- Among all three age groups, poisoning was the most common cause of hospitalization due to intentional self-inflicted injuries.
- Other* was the second most common cause of hospitalization due to intentional self-inflicted injuries among both the 10-14 and 15-19 year age groups (40 percent and 20 percent, respectively) while cutting was the second most common cause among young adults ages 20-24 years (14 percent).
- Cutting was the third most common cause of hospitalization due to intentional self-inflicted injuries among both the 10-14 and 15-19 year age groups (9 percent and 11 percent, respectively) while other* was the third most common cause among young adults ages 20-24 years (10 percent).
- Firearms, hanging/suffocation/strangulation, and jumping were the least common causes of hospitalization due to intentional self-inflicted injuries accounting for 2-4 percent of all intentional self-inflicted injury related hospital discharges among the three youth age groups during 2010-2012.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 19: Intentional Self-Inflicted Injury Related Hospital Discharges by Age and Method, 2010-2012

METHOD OF SELF- INFLICTED INJURY	AGE								
	10-14 years			15-19 years			20-24 years		
	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
Cutting	10	3	9.4%†	37	12	10.5%	50	17	14.1%
Firearms	0	0	0.0%†	1	0	0.2%†	1	0	0.2%†
Hanging/suffocation/ strangulation	3	1	2.8%†	8	3	2.2%†	3	1	0.8%†
Jumping	0	0	0.0%†	4	1	1.1%†	5	2	1.4%†
Poisoning	51	17	48.1%	231	77	65.8%	260	87	73.4%
Drowning	0	0	0.0%†	0	0	0.0%†	0	0	0.0%†
Other*	42	14	39.6%	70	23	19.9%	35	12	9.8%
TOTAL 2010-2012	106	35	100.0%	351	117	100.0%	354	118	100.0%

Data Source: Maine Hospital Inpatient Database, Maine Health Data Organization.

Self-inflicted injury related hospital discharges are defined as hospital discharges of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

EMERGENCY DEPARTMENT VISITS

Intentional Self-inflicted Injury Related Emergency Department Visits, by Method, Total, 2009-2011 (TABLE 20)

Note: Emergency department visit data are not yet available for 2012.

- During 2009-2011, there was an annual average of 425 emergency department visits due to intentional self-inflicted injuries among Maine people ages 10-24 years.
- Cutting was the most common cause of emergency department visits due to intentional self-inflicted injuries accounting for 37 percent of all visits, followed by poisoning (35 percent) and other* methods (25 percent).
- Drowning, firearms, hanging/suffocation/strangulation and jumping were the least common cause accounting for 3.5 percent of all emergency department visits due to intentional self-injuries in 2009-2011.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 20: Intentional Self-inflicted Injury Related Emergency Department Visits, by Method, Total, 2009-2011

METHOD OF SELF-INFLICTED INJURY	Total	Average	Percent
Cutting	1273	425	37.3%
Drowning	4	2	0.1%†
Firearms	5	1	0.2%†
Hanging/suffocation/strangulation	88	29	2.6%
Jumping	13	5	0.4%†
Poisoning	1182	394	34.7%
Other*	846	282	24.8%
TOTAL 2009-2011	3411	1137	100.0%

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Self-inflicted injury related emergency department visits are defined as emergency department visits of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

EMERGENCY DEPARTMENT VISITS

Intentional Self-inflicted Injury Related Emergency Department Visits by Sex and Method, 2009-2011 (TABLE 21)

Note: Emergency department visit data are not yet available for 2012.

- In 2009-2011, there were more emergency department visits due to intentional self-inflicted injuries among Maine females ages 10-24 (643 annual average) than among Maine males ages 10-24 (494 annual average).
- Among Maine female youth, cutting was the most common cause of intentional self-inflicted injuries resulting in an emergency department visit (41.1 percent), followed closely by poisoning (40.5 percent).
- Other* methods (36 percent) were the most common causes of emergency department visits due to intentional self-inflicted injuries among males, followed by cutting (32 percent) and poisoning (27 percent).

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 21: Intentional Self-inflicted Injury Related Emergency Department Visits by Sex and Method, 2009-2011

METHOD OF SELF-INFLICTED INJURY	FEMALE			MALE		
	Total	Average	Percent	Total	Average	Percent
Cutting	794	265	41.1%	479	160	32.3%
Drowning	2	1	0.1%†	2	1	0.1%†
Firearms	1	0	0.0%†	4	1	0.2%†
Hanging/suffocation/strangulation	36	12	1.8%	52	17	3.5%
Jumping	5	2	0.2%†	8	3	0.5%†
Poisoning	782	261	40.5%	400	133	27.0%
Other*	310	103	16.0%	536	179	36.1%
TOTAL 2009-2011	1930	643	100.0%	1481	494	100.0%

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Self-inflicted injury related emergency department visits are defined as emergency department visits of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes Drugs/Alcohol/Gas/Other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

YOUTH (AGES 10 to 24): METHOD

EMERGENCY DEPARTMENT VISITS

Intentional Self-inflicted Injury Related Emergency Department Visits by Age and Method, 2009-2011 (TABLE 22)

Note: Emergency department visit data are not yet available for 2012.

- During 2009-2011, the most emergency department visits due to intentional self-inflicted injuries occurred among Maine youth ages 15-19 years (579 annual average) and among youth ages 20-24 years (418 annual average).
- The fewest emergency department visits due to intentional self-inflicted injuries occurred among Maine youth ages 10-14 years (140 annual average).
- Cutting was the most common cause of emergency department visits due to intentional self-inflicted injuries among youth ages 10-14 and 15-19 years (40 percent and 38 percent, respectively), while poisoning was the most common cause among youth ages 20-24 years (37 percent).
- The second most common cause of emergency department visits due to intentional self-inflicted injuries was other* among youth ages 10-14 years (31 percent), poisoning among ages 15-19 years (35 percent) and cutting among ages 20-24 years (36 percent).
- Poisoning (25 percent) was the third most common cause of emergency department visits due to intentional self-inflicted injuries among youth ages 10-14 years, and other* methods among youth in both the 15-19 and 20-24 years age groups (24 percent and 24 percent, respectively).
- Drowning, firearms, hanging/suffocation/strangulation and jumping were the least common causes of emergency department visits due to intentional self-inflicted injuries accounting for 3-11 percent of all visits among the 4 age groups during 2009-2011.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

TABLE 22: Intentional Self-inflicted Injury Related Emergency Department Visits by Age and Method, 2009-2011

METHOD OF SELF- INFLICTED INJURY	AGE								
	10-14 YEARS			15-19 YEARS			20-24 YEARS		
	Total	Average	Percent	Total	Average	Percent	Total	Average	Percent
Cutting	169	56	40.2%	652	217	37.5%	452	151	36.0%
Drowning	2	1	0.4%†	1	0	0.0%†	1	0	0.0%†
Firearms	0	0	0.0%†	0	0	0.0%†	5	2	0.3%†
Hanging/suffocation/ strangulation	10	3	2.3%†	47	16	2.7%	31	10	2.4%
Jumping	6	2	1.4%†	3	1	0.1%†	4	1	0.3%†
Poisoning	105	35	25.0%	615	205	35.4%	462	154	36.8%
Other*	128	43	30.4%	419	140	24.1%	299	100	23.8%
TOTAL 2009-2011	420	140	100.0%	1737	579	100.0%	1254	418	100.0%

Data Source: Maine Hospital Outpatient Database, Maine Health Data Organization.

Self-inflicted injury related emergency department visits are defined as emergency department visits of Maine residents for which the any listed external cause of injury was coded as E950-E959.

Subgroup counts might not sum to Maine total due to missing data or rounding.

Poisoning includes drugs/alcohol/gas/other.

†Flagged for reliability due to numerators less than 20.

***Other** includes intentional self-inflicted injury caused by explosive material; smoke, fire and flames; steam, hot vapors and hot objects; sharp object; blunt object; lying before moving object; crashing of motor vehicle and intentional self-harm by other specified/unspecified means.

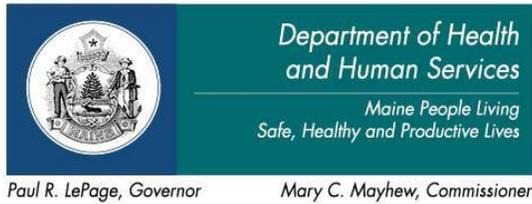
**APPENDIX A:
ICD-9-CM and ICD-10 Definitions**

Appendix A-1. ICD-10 Cause of Death Code Definitions

ICD-10 Cause of Death Codes	Description
X60-X64	Intentional self-poisoning (suicide) by and exposure to drugs and other biological substances
X65-X66, X68-X69	Intentional self-poisoning (suicide) by and exposure to other and unspecified solid or liquid substances and their vapors
X67	Intentional self-poisoning (suicide) by and exposure to other gases and vapors
X70	Intentional self-harm (suicide) by hanging, strangulation and suffocation
X72-X74	Intentional self-harm (suicide) by discharge of firearms
X80	Intentional self-harm (suicide) by jumping from a high place
U03, X71, X75-79, X81-X84, Y87.0	Intentional self-harm (suicide) by all other and unspecified means and their sequelae

Appendix A-2. ICD-9-CM Diagnosis Code Definitions

ICD-9-CM Code	Description
E950	Suicide and self-inflicted poisoning by solid or liquid substances
E951	Suicide and self-inflicted poisoning by gases in domestic use
E952	Suicide and self-inflicted poisoning by other gases and vapors
E953	Suicide and self-inflicted injury by hanging, strangulation, and suffocation
E954	Suicide and self-inflicted injury by submersion (drowning)
E955	Suicide and self-inflicted injury by firearms, air guns and explosives
E956	Suicide and self-inflicted injury by cutting and piercing instrument
E957	Suicide and self-inflicted injury by jumping from high places
E958	Suicide and self-inflicted injury by other and unspecified means
E959	Late effects of self-inflicted injury



MAINE CENTER FOR DISEASE CONTROL AND PREVENTION
DIVISION OF POPULATION HEALTH
MAINE SUICIDE PREVENTION PROGRAM

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