

Data Guide Suicide Prevention Efforts



How can high-quality suicide data help the New Jersey Governor's Council on Mental Health Stigma's community-based suicide prevention efforts?

Challenge

Historically, New Jersey's suicide rate has been lower than the national average. Even so, 625 New Jersey residents died by suicide in 2007, and suicide has been the 12th leading cause of death in the state. Reports from constituents and the media made the Governor's Council deeply concerned that suicide rates in New Jersey may have increased in recent years. However, the Council did not have statewide information to confirm this. Timely, high-quality data were needed to respond to public perceptions and tailor community-based suicide prevention efforts.

Solution

In order to better prevent suicides and homicides, it is important to monitor how many occur and which populations are at increased risk.

In 2003, the New Jersey Violent Death Reporting System (NJVDRS) began collecting detailed information on violent deaths from law enforcement reports, medical examiner reports, and death records. The information in NJVDRS is more timely and detailed than what was previously available.

Highlights

The New Jersey Governor's Council on Mental Health Stigma was concerned by anecdotal reports of a statewide rise in suicide over the past few years, but lacked information to confirm them and identify persons most at risk. The state's Department of Health and Senior Services Center for Health Statistics began using NJVDRS data to provide timely and in-depth information on suicides to the Governor's Council. These data have verified an increase in suicide rates, and helped the Governor's Council tailor its prevention messages to the most at-risk populations.

The New Jersey Department of Health and Senior Services Center for Health Statistics' Office of Injury Surveillance and Prevention (OISP) used the NJVDRS to quickly respond to the Governor's Council's need for information. The effort confirmed an increase in suicides in New Jersey, and helped the Governor's Council focus on assisting the communities most in need.

The Governor's Council now can provide specific information to a wide variety of professionals serving people at high risk of suicide—from physicians to veterans' associations. This can help them be more aware of those at highest risk.



Results

NJVDRS data helped the Governor's Council identify three important issues. First, men were four times more likely than women to die by suicide. Second, rates of suicide increased among both men and women between 2007 and 2008. The largest increases for men were among 45- to 64-year-olds and those over 75 years old. For women, the largest increases occurred among 45- to 54-year-olds. Finally, increases in the number of suicides in 10 of New Jersey's 21 counties largely accounted for the statewide increase between 2007 and 2008.

The Governor's Council is using these data for public awareness and suicide prevention strategies throughout New Jersey. Because mental disorders are a contributing factor in many suicides, the Governor's Council is working to increase mental health awareness and overcome any stigma about seeking help. The Council developed a project called "A Community Effort," which brings together community groups, health care providers, and other organizations to aid the people closest to individuals at high risk of suicide. For instance, the New Jersey Department of Military and Veterans Affairs used NJVDRS data on suicides in a veterans public awareness and prevention campaign. The Police Suicide Prevention Task Force used the data in a law enforcement public awareness and prevention campaign.

"I believe more communities will join this conversation as our mental health efforts broaden. The importance of having accurate and consistent statistics that bring facts to light must be stated to increase understanding and prevention."

- Celine Gray, Governor's Council

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