

Suicide Prevention Investment for Illinois Will Save Lives and Money

The Issue

Approximately one person dies by suicide every 11.1 minutes.*¹ The urgency to address suicide and promote prevention strategies grows each year as the national prevalence of suicide has steadily increased since 1999. In 2016, nearly 45,000 individuals in the U.S. died by suicide making it the 10th leading cause of death; for individuals 15-34 years old, it was the 2nd leading cause of death.²

At least half of all individuals who have died by suicide did not previously have a diagnosed mental health condition, highlighting the importance of crisis services such as hotlines and chat services and preventative outreach. It may also be indicative of access barriers to mental health treatment.

Focus on Illinois

In Illinois, **the suicide rate has increased by 23 percent** over the past decade. In 2017 alone, one individual died by suicide every 6 hours, for a total of 1,474 deaths, making it the 11th leading cause of death in Illinois.³ For children and adolescents aged 10 to 17, suicide is the 2nd leading cause of death for girls and 3rd leading cause of death for boys, and rates in this age group are rising.⁴

The National Suicide Lifeline (800-273-TALK), established by SAMHSA, has 6 crisis centers in Illinois.

- 33,018 calls were received in the first 6 months of 2018 but **only 28 percent** were able to receive help in Illinois.⁵ The remaining 73 percent of callers were routed to out of state call centers, who lack access to local resources and relationships with local law enforcement.

It **cost Illinois an average of \$1.1 million per suicide death** in 2010, in combined lifetime medical and work loss for a total of nearly \$1.4 billion.⁶ A recent study indicated that **for every \$1 spent on intervention by care providers, \$2.50 is saved in the economic cost of suicides** for individuals, families, communities, and the nation.⁷

The Ask

Although there is no single activity that will prevent every suicide, evidence shows that established best practices for suicide prevention, such as crisis services that offer hotlines, chat lines, and mobile crisis response, are critical tools for addressing this epidemic.⁸ Along with these critical tools, the workforce necessary to support evidence-based programs needs to be established, meaning more investments are needed from the state to ensure Illinois has access to timely, local crisis care.

¹ *Based on 2017 data. Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2018). *U.S.A. suicide 2017: Official final data*. Accessed January 15, 2019. Retrieved from <http://www.suicidology.org>.

² Centers for Disease Control and Prevention. (2018).

³ GRANT MORGAN Capitol News Illinois. (March 2019). Lawmaker: Illinois not doing enough to prevent suicides. Retrieved from https://thesouthern.com/news/local/govt-and-politics/lawmaker-illinois-not-doing-enough-to-prevent-suicides/article_7e197dfc-9b63-544d-a89e-48198e0afc4c.html

⁴ <https://www.luriechildrens.org/en/news-stories/suicide-rate-rises-among-illinois-youth-ages-10-to-17/>

⁵ The National Suicide Prevention Lifeline. (2018). Semi-Annual Call Volume and Center Status Report. Retrieved from <https://www.sprc.org/file/3626/download?token=1oQ6H2yf>

⁶ American Foundation for Suicide Prevention. (2017). Suicide: Illinois 2017 Facts & Figures. Retrieved from <http://www.tmcsea.org/uploads/1/3/9/8/13988756/illinois-facts-2017.pdf>

⁷ (e.g., medical costs for individuals and families, lost income for families, lost productivity for employers). Suicide Prevention Resource Center. (2018). *Costs of Suicide*. Accessed January 9, 2019. Retrieved from <http://www.sprc.org/about-suicide/costs>

⁸ U.S. Department of Health and Human Services, Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.