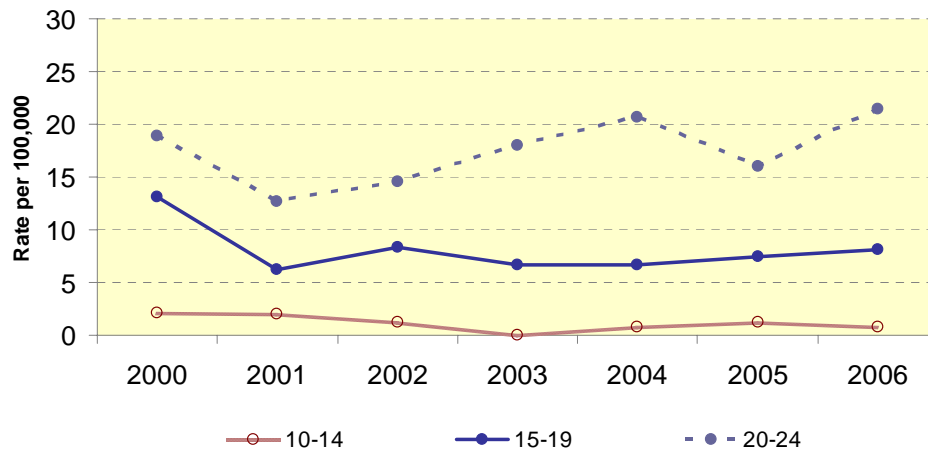


Oregon Youth Suicide Facts

Oregon Youth Suicides

- In 2006, suicide was the second leading cause of death among Oregonians aged 10 to 24, following motor vehicle crashes.
- Between 2004 and 2006, suicide claimed the lives of over 200 Oregon youth aged 10 to 24.
- Over 90% of youth suicide deaths were among males.
- Firearms were the mechanism of death in 56% of youth suicides.
- There were over twice as many suicides as homicides in this age group.

Suicide Rate among Oregon Youth Aged 10-24, 2000-2006



Oregon Suicide Attempts

- An estimated 1400 youth ages 10 through 17 were treated at hospital emergency departments for attempting suicide in 2006. There are an estimated 134 attempts for every death. 77% of attempts were females.
- 476 Oregon youth 10-24 were hospitalized in 2006 for attempted suicide.
- Nearly 1 in 12 eighth and 1 in 16 eleventh graders reported they had attempted suicide in the past 12 months (8.2% and 6.2% respectively) in 2007.

Suicidal Ideation

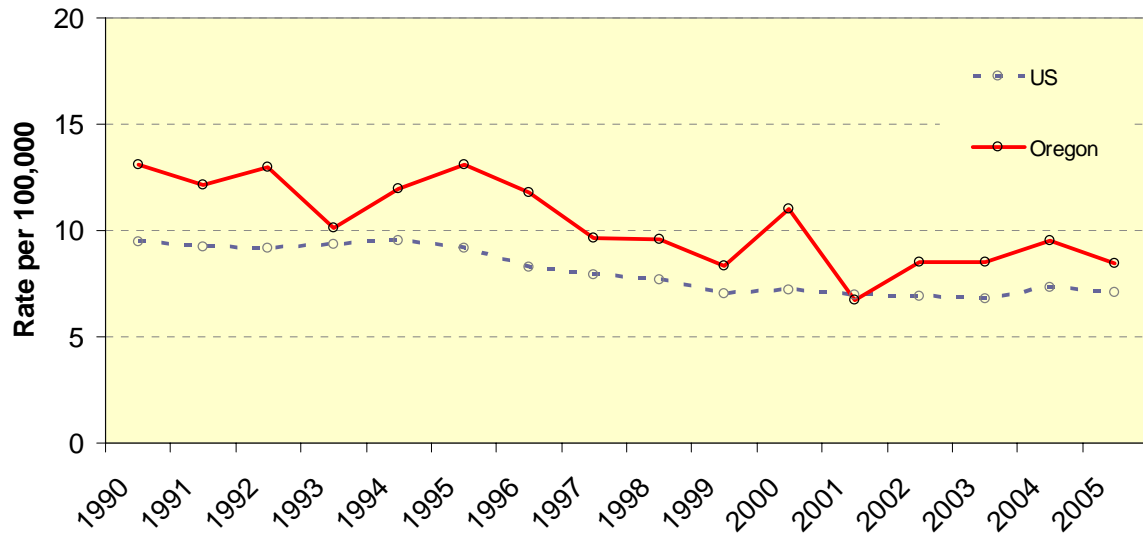
- Nearly 16% of eighth graders and 14% of eleventh graders reported seriously considering suicide in the past 12 months in 2007.

Oregon Youth Suicides Compared to National Suicide Data

Oregon's youth suicide rate has been higher than the national rate for decades. Oregon's rate in 2005 was 8.5 per 100,000, while the U.S. rate was 7.1 per 100,000.

Oregon's youth suicide rate peaked in the early 1990's. In 2005, Oregon ranked 22nd in the nation for youth suicides, ages 10-24 (2005 is the most recent year for which we have national data).

Suicide Rate among Youth Aged 10-24, US and Oregon, 1990-2005



Risk and Protective Factors

Factors associated with an increased risk of suicide among youth include prior attempts, depression, family discord, substance abuse, relationship problems, discipline or legal problems, and access to firearms.

Protective factors include effective care for mental, physical and substance abuse disorders; access to mental health care; support for seeking help; reduced access to lethal means; discussing problems with friends or family; emotional health; strong connections to family and community; and such life skills as problem solving, conflict resolution and anger management.

Data Sources: Oregon Center for Health Statistics, electronic death files, 2006; Oregon Adolescent Suicide Attempt Data; Oregon Healthy Teens Survey 2007, Oregon Center for Health Statistics; Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS 2008 (http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html)

For more information, contact:

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