Suicides in Maine 2015-2019

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Suicides in Maine 2015–2019

GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>79%</td>
</tr>
<tr>
<td>Female</td>
<td>21%</td>
</tr>
</tbody>
</table>

METHOD BY GENDER

- Firearm (n = 782)
  - Male: 690 (88%)
  - Female: 92 (12%)

- Poisoning (n = 243)
  - Male: 118 (48%)
  - Female: 125 (52%)

- Hanging/Suffocation (n = 308)
  - Male: 234 (76%)
  - Female: 74 (24%)

- Other (n = 151)
  - Male: 107 (71%)
  - Female: 44 (29%)

1,275* Lives Lost, Representing 32,940† Years of Life Lost

METHOD OF DEATH BY GENDER

- Firearm (n = 782)
  - Male: 690 (88%)
  - Female: 92 (12%)

- Poisoning (n = 243)
  - Male: 118 (48%)
  - Female: 125 (52%)

- Hanging/Suffocation (n = 308)
  - Male: 234 (76%)
  - Female: 74 (24%)

- Other (n = 151)
  - Male: 107 (71%)
  - Female: 44 (29%)

METHOD OF DEATH BY LIFE STAGE

- Older Adult (Ages 65+)
  - N = 291
  - Male: 208 (70%)
  - Female: 83 (30%)

- Middle Age (Ages 45–64)
  - N = 494
  - Male: 336 (68%)
  - Female: 158 (32%)

- Youth (Ages 10–24)
  - N = 136
  - Male: 96 (71%)
  - Female: 40 (29%)

- Young Adult (Ages 25–44)
  - N = 354
  - Male: 272 (77%)
  - Female: 82 (23%)

CIRCUMSTANCES BY LIFE STAGE, WHEN KNOWN

- Older Adult (Ages 65+)
  - N = 291
  - 56% Physical health problem
  - 54% Depressed mood
  - 35% Mental health problem
  - 30% Suicidal thought history
  - 22% History mental illness treatment

- Middle Age (Ages 45–64)
  - N = 494
  - 47% Mental health problem
  - 42% Depressed mood
  - 37% History mental illness treatment
  - 34% Depression diagnosis
  - 30% Suicidal thought history

- Youth (Ages 10–24)
  - N = 136
  - 54% Depressed mood
  - 40% Mental health problem
  - 39% History mental illness treatment
  - 38% Suicidal thought history
  - 33% Intimate partner problem

- Young Adult (Ages 25–44)
  - N = 354
  - 47% Mental health problem
  - 46% Depressed mood
  - 40% History mental illness treatment
  - 38% Intimate partner problem
  - 31% Suicidal thought history

HELP IS AVAILABLE

If you or someone you know is in crisis, contact:

- Maine Crisis Hotline—1-888-568-1112
- National Suicide Prevention Lifeline—1-800-273-TALK (8255)
- Chat with a Crisis Counselor online—https://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx
- Northern New England Poison Center—1-800-222-1222
- Maine Help Line—Dial 211

*All rates are encountered ratios based on the number of resident and non-resident deaths that occurred in Maine per 100,000 resident population.
†Represents years lost before age 75.
EDUCATIONAL ATTAINMENT

- 47% had a high school diploma or equivalent
- 41% had any post-secondary education
- 12% had less than a high school diploma

N = 1275

MARITAL STATUS

- 31% Married
- 33% Never Married
- 31% Divorced/Separated
- 24% Widowed
- 1% Unknown

N = 1275

RACE & ETHNICITY

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Percentage of 2018 census population</th>
<th>Percentage of 2015–2019 suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>94.5</td>
<td>96.0</td>
</tr>
<tr>
<td>Black</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>American Indian/Alaskan native</td>
<td>.6</td>
<td>.9</td>
</tr>
<tr>
<td>Other Race</td>
<td>3.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Ethnicity: Latino</td>
<td>1.6</td>
<td>.7</td>
</tr>
</tbody>
</table>

Suicide in Maine is
- 1st leading cause of death ages 15–19
- 2nd leading cause of death ages 20–34
- 4th leading cause of death ages 35–54
- 9th leading cause of death overall

Maine has the 17th highest rate of suicide in the U.S.

Special Topics and Future Research
- Occupations at higher risk for suicide
- Suicides among current or past members of the military
- Suicides among older populations
- Characteristics of homicides in Maine over time
- Violent deaths in northern New England
- Increasing data availability to public stakeholders
### Contact Information

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### About Us

Maine Office of Chief Medical Examiner is Maine's centralized medical examiner system and has jurisdiction over all suspicious and unattended deaths in Maine. Maine OCME contracts with the Margaret Chase Smith Policy Center, an independent research unit of the University of Maine, to provide administrative and data collection support for MEVDRS.

https://mcspolicycenter.umaine.edu/

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For more information:  
um.rural.epi@maine.edu

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### SUICIDES BY INDUSTRY OF EMPLOYMENT

*Other includes industries such as homemaker, unspecified self-employment, and various laborers.

### MAINE SUICIDE RATE COMPARED WITH THE NATIONAL AVERAGES

(age-adjusted rate per 100,000)  

Source: https://wisqars-viz.cdc.gov
Established in 2002, with 18 states, the National Violent Death Reporting System is a state-based public health surveillance system that collects comprehensive data on circumstances surrounding violent deaths. Data are collected from three primary sources: death certificates, medical examiner reports, and law enforcement reports. By combining information on a violent death from these three sources, NVDRS builds a comprehensive picture of the circumstances in victims’ lives that have led to or contributed to their deaths.

In 2014, the Maine Office of Chief Medical Examiner (OCME), on behalf of the, Maine Department of Health and Human Services, was funded to establish the Maine-Vermont Violent Death Reporting System. At this time NVDRS increased from 18 states to 32, and Maine and Vermont, with their similar populations and chief medical examiner systems, thought it would be advantageous to submit a joint application. The Maine OCME, in partnership with the Vermont Department of Health, the Vermont OCME, and the University of Maine’s Margaret Chase Smith Policy Center, collected data on all violent deaths which occurred from 2015 to 2018 in both states.

In large part due to the success of the funded states, Congress recently appropriated funds to expand NVDRS to all 50 states, the District of Columbia, and Puerto Rico. As of 2019, Maine and Vermont have separate Violent Death Reporting Systems, that will continue to closely collaborate. By collaborating with Vermont, and neighboring New Hampshire, Maine will continue to provide data and information crucial to the creation of evidence-based prevention strategies aimed at reducing violent death.

Overview of the Maine Violent Death Reporting System

Data collection initiated by MEVDRS in 120 days
Data entry completed within 16 months of death

Overview of the Maine Violent Death Reporting System

MEVDRS Case Definition

The Maine Violent Death Reporting System collects information on “deaths that result from the use of force or power against oneself or another person.” This definition encompasses homicides, suicides, deaths from legal intervention, undetermined intent, and deaths resulting from the accidental discharge of a firearm.

Goals

1. Collect and analyze timely, high-quality data on violent deaths in Maine
2. Ensure MEVDRS partners and the public receive high-quality data to inform policy and prevention activities
3. Better understand factors affecting rural suicide
4. Better understand factors surrounding intimate partner violence
5. Better understand factors surrounding deaths of undetermined intent

MEVDRS Data Collection

Over 600 variables may be collected on a single violent death incident. General circumstance data are collected for each death, while specific circumstances are collected on homicides, suicides, and deaths of undetermined intent.