During the six year period 2005-2010, 43 residents of Miami-Dade County between 10-19 years of age died from suicide; 42 of these deaths occurred in Miami-Dade County and one suicide involved a county resident that died in another Florida county. Three other non-resident teens committed suicide while visiting Miami-Dade County.

This fact sheet reports findings from investigations by the Miami-Dade Medical Examiner Dept. and county police of the 42 resident teen suicides that occurred between 2005-2010. Over the past 3 years, the incidence of teen suicide has been between 7-9 deaths per year.

<table>
<thead>
<tr>
<th>Age 10-19 Suicides</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-D Resident Suicide in M-D County</td>
<td>6</td>
<td>3</td>
<td>10</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>42</td>
</tr>
<tr>
<td>M-D Resident Suicide in Other FL County</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-Resident Suicide in M-D County</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Who is At Risk?

- There were 5-times more suicides among male teens (35) than female teens (7). The majority (62%) of teen suicides occurred to victims aged 17-19.
- Teen suicides were rare events for females under the age of 19.
- White male teens were most at-risk to complete suicide, with a rate more than twice the rate for black male teens (4.1/100,000 vs. 1.8/100,000) and more than 5-times greater than either female group.
- The suicide rate for Hispanic male teens was more than twice the rate of non-Hispanic males. The difference between the two female groups (0.9/100,000 vs. 0.5/100,000) is insignificant given the low number of female suicides.
**Method of Suicide**

- Firearms were the most common method used by males to commit suicide (49%) followed by hanging (31%) while female teens were more likely to hang themselves (71%).
- 35 of 42 (83%) of the suicides were committed at the victims place of residence.

<table>
<thead>
<tr>
<th>Mechanism of Suicide</th>
<th>All Suicides #</th>
<th>Percent</th>
<th>Males #</th>
<th>Percent</th>
<th>Females #</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>18</td>
<td>43%</td>
<td>17</td>
<td>49%</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Hanging</td>
<td>16</td>
<td>38%</td>
<td>11</td>
<td>31%</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Plastic Bag Over Head</td>
<td>2</td>
<td>5%</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Poisoning: Drugs</td>
<td>2</td>
<td>5%</td>
<td>2</td>
<td>6%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Jumped in Front of Train</td>
<td>2</td>
<td>5%</td>
<td>2</td>
<td>6%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Motor Vehicle Crash</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Set Self on Fire</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>3%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>42</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>35</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>7</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**Circumstances of Suicides**

Circumstances for suicide are presented below and, with the exception of toxicology, likely represent the lower limit of incidence because information was only obtained from the preliminary police investigations.

- 13 of 36 victims (36%) had positive toxicology tests (6 victims were not tested). Benzodiazepines were the most frequent positive drug (5/13 victims), followed by cocaine and cocaine derivatives (4/13) and alcohol (2/13).
- 59% of victims were reported to be depressed and 22% had been diagnosed with some other mental health illness; 3 victims had been previously Baker Acted due to mental illness.
- 22% of victims were having disputes or problems with family members at the time of their death.
- 22% of victims were experiencing problems with an intimate partner.
- 29% of victims had previously expressed suicide ideations and 17% previously attempted suicide.
- 7 victims (17%) did not have any circumstances documented in the medical record.

**Teen Suicide Circumstances & External Factors**

Miami-Dade County Residents, 2005-2010

- Depression: 59%
- Other Mental Health Dx: 22%
- Family Argument/Dispute: 22%
- Intimate Partner Problem: 22%
- School Problems: 10%
- Hx of Phys./Sexual Abuse: 7%
- Previously Baker Acted: 7%
- Legal Problems (Immigration): 5%
- Previous Suicide Ideations: 29%
- Previous Suicide Attempt: 17%
- Left Suicide Note: 17%
- Positive for Substance Abuse: 17%
- No Documented Circumstances: 36%

Percentages add up to >100% because multiple circumstances were identified in individuals.
County Suicide Rates

- Miami-Dade County’s 3-year avg. teen suicide rate has been lower than the state teen suicide rate every 3-year period. However, the percentage difference in suicide rates between the county and state has narrowed each 3-year period (47%, 38%, 25%).

- National suicide data is only available up to 2007. The Florida teen suicide rate was 22% lower the national rate during the years 2005-2007 (3.5 vs. 4.2/100,000). Miami-Dade’s 2005-07 rate was 55% lower than the national rate (1.9 vs. 4.2/100,000).

- The graph to the right shows teen suicide rates for all Florida counties that experienced at least six teen suicides during the 5-year period 2005-2009.

- Miami-Dade County was second to Palm Beach County in the total number of teen suicides between 2005-2010 (35 vs. 36), but had the second lowest teen suicide rate among these counties.

- Martin, Bay and St. Johns counties had teen suicide rates more than double the state teen suicide rate.

- The Miami-Dade Co. teen suicide rate (1.8/100,000) was 40% lower than the state rate of 3.0/100,000 during these 5 years.
Preventing Suicide

The Centers for Disease Control and Prevention lists several ways to prevent suicide (1).

- Suicide is a cross-cutting discipline, requiring collaboration between organizations and agencies involving public health, mental health, justice, education and substance abuse.

- Improving family relations, enhancing social problem-solving skills and mentoring are a few interventions that have been used to prevent youth suicide.

- **Learn the warning signs of suicide.** Warning signs can include changes in a person’s mood, diet, or sleeping pattern. Several factors can put a person at risk for attempting or committing suicide. However, having these risk factors does not always mean that suicide is likely to occur. Some of the risk factors for suicide include:
  - History of depression or other mental illness
  - Alcohol or drug abuse
  - Family history of suicide or violence
  - Previous suicide attempt(s)
  - Physical illness
  - Feeling alone

- **Safe gun storage practices in the home.** Previous research have shown that the presence of a household firearm is associated with an increased risk of suicide among adolescents (2). Four gun storage practices appear to be protective against the risk for suicide among teenagers: 1) keeping a gun locked, 2) keeping a gun unloaded, 3) storing ammunition locked and 4) storing ammunition in a location separate from the gun.

- **Get involved in community efforts.** Suicide can adversely affect the health of communities. Family and friends of suicide victims can feel shock, anger and guilt. The National Strategy for Suicide Prevention lays out a plan for action. It guides the development of programs and seeks to bring about social change. For more information: http://store.samhsa.gov/product/SMA01-3517.

- For a list of CDC activities, see Preventing Suicide: Program Activities Guide: www.cdc.gov/ncipc/dvp/Preventing_Suicide.pdf.

- The American Association of Suicidology (www.suicidology.org) also has detailed information on what to look for and how to respond to suicide.