



State of Illinois  
Illinois Department of Public Health

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# 2009 Suicide Prevention Report

June 2010

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**Illinois Suicide Statistics**

- ✓ More than 1,000 Illinoisans die by suicide each year.
- ✓ Firearms are the leading method of suicide.
- ✓ Persons 70 years of age and older have the highest suicide rate.
- ✓ Males complete suicide 4.4 times the rate of females. Females attempt suicide 45 percent more than males.

## EXECUTIVE SUMMARY

The problem of suicide in Illinois challenges everyone: communities, educators, advocates, clergy, public health professionals, hospital personnel, health care providers, prevention specialists, law enforcement, physicians, mental health professionals and policy-makers. Efforts by the Illinois Department of Public Health (Department) to address the problem and to reduce the number of suicides and lessen its stigma across Illinois began nine years ago.

The initial statewide effort to address suicide in Illinois began in 2001 with the establishment of the Illinois Suicide Prevention Coalition by the Department. The coalition held meetings from 2001 through 2003 with the initial purpose of developing a state plan for suicide prevention. The initial plan was completed in 2003 and included recommendations for establishing a comprehensive approach to suicide prevention which included survivors, families, suicide service providers, state agencies and community advocates.

In 2004, the Illinois General Assembly passed the Suicide Prevention, Education and Treatment Act (Public Act 093-0907). Public Act 093-0907 (<http://www.ilga.gov>) required the Illinois Department of Public Health to establish a Suicide Prevention Strategic Planning Committee and set out requirements for the appointment of members. To unify planning work and advance suicide prevention efforts in Illinois, an alliance was created between the Illinois Suicide Prevention Strategic Planning Committee and the Illinois Suicide Prevention Coalition in 2007. The committee represented statewide organizations and state agencies that focus on the prevention of suicide and the improvement of mental health treatment, along with others that provide suicide prevention or survivor support services. The committee was charged to: 1) develop the Illinois Suicide Prevention Strategic Plan; 2) incorporate recommendations for a public awareness media campaign, education initiatives and pilot programs to provide training and direct service into the plan; and, 3) provide an annual report to the General Assembly. In 2007 legislation was passed officially changing the name of the committee to the Illinois Suicide Prevention Alliance (the alliance) and was signed into law on January 1, 2008. The report narrative captures the 2009 work of the Department and its advisory board, the Illinois Suicide Prevention Alliance, along with other state suicide prevention efforts.

## ACCOMPLISHMENTS – 2009

The alliance met five times during 2009 (January 14, March 12, May 19, September 15 and November 13). Highlights of the work accomplished in 2009 are:

- Completed and distributed 2008 Suicide Prevention Report.
- Completed the document, State Agency Review and Initial Recommendations Report: Recommendations of policy and program changes to support suicide prevention.
- Promoted increased awareness of education about suicide and suicide prevention efforts.
- Promoted development of organizational capacity in addressing suicide prevention.

The alliance activities and recommendations regarding education, awareness, training and organizational capacity were done in conjunction with funds provided to Mental Health America of Illinois through a grant. Because of the interconnected nature of the activities of the alliance and the grant projects, detailed summaries of the grant activities are incorporated into this report.

### A. Education and Training Efforts

Activities addressing education and training focused on building the capacity of professionals and community members to gain knowledge and skills for suicide prevention. The efforts were incorporated into the grant deliverables of the Mental Health America grant and developed in collaboration with the Education and Training work group of the alliance. Specific 2009 accomplishments include:

- A two-day Core Competency Training was held for nine community-based teams to develop local projects that support suicide prevention education efforts.
- Fifty people were trained from nine different teams from across Illinois, with coverage of the following counties and local cities – Bureau, Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Madison, Marshall, Monroe, Peoria, Randolph, St. Clair, Saline, Stark, Tazewell and White counties; Orland Park, Orland Hills and Orland Township and the Metropolitan Chicago area.
- Local projects focused on improving identification and treatment of suicidal behavior by utilizing existing services and improving service referrals and timely support to suicidal individuals.

Work in this area in the upcoming 2010 year will focus on building an additional 15-20 effective coalitions / partnerships that support local efforts through core competency training and technical assistance to develop and implement a nine-month initiative to support each team's plan.

Schools are key stakeholders in the prevention of suicide among young people.

- Through the Mental Health America project, seven mini-grants were awarded to school districts and local non-profits to introduce or expand suicide prevention efforts. Impact was made in the following areas: suicide prevention curricula, an

increase in-school mental health support, professional development and programs to educate students, parents/other caregivers.

- Through the mini-grants, 500 school and community professionals were trained in the following counties: Adams, Champaign, Cook (including Chicago metropolitan and suburbs), Macon, Whiteside and Winnebago.

The Illinois Department of Human Services Division of Mental Health (DMH) was selected as a training participant under the Mental Health America grant and participated in the following accomplishments:

- A partnership with the Division of Mental Health was designed to enhance capacity of the network of mental health service providers to identify and evaluate clients who were at risk. After assessment, providers were encouraged to manage risk in collaboration with the client and/or their family.
- National trainers from the QPR (Question, Persuade and Refer) Institute for Suicide Prevention conducted five trainings geographically spread throughout the five DMH Regions.
- Twenty-five professionals, including five DMH staff, became certified QPR instructors so they can continue to train others throughout Illinois.
- More than 100 participants from northern, central and southern Illinois participated in QPR Institute's Suicide Risk Detection, Risk Assessment and Risk Management Course. This course provided an overview of:
  - suicide risk factors in clinical settings
  - epidemiology of suicide
  - detecting suicidal thoughts and feelings
  - risk factors and their assessment
  - completing the QPRT Suicide Risk management Inventory
  - understanding para-suicidal behavior
  - managing an at-risk patient over time
  - and clinical and legal considerations

Additional training services under the grant were provided to the Illinois Department on Aging network of service providers who work with Illinois' aging population. Suicide prevention service provider agencies provided prevention education speakers and trainings at three statewide conferences held in March and April 2009:

- The Case Management Supervisor's Conference featured a presentation on Depression, Suicide and Suicide Prevention Assessment for Certified Community Care Programs; the targeted audience was case managers and supervisors, nursing home administrators and licensed social/clinical social workers.
- The second presentation was on Suicide Prevention in Nursing Homes for State Ombudsmen at the Long Term Care Ombudsman Statewide Training-Resident Advocate.
- A keynote address at the Mental Health and Aging Conference addressed suicide risk in the elderly. A breakout presentation session detailing the Illinois Suicide Prevention Alliance and state plan educated mental health professionals, licensed social/clinical social workers, aging network professionals and nursing home administrators.

- Additionally, a number of training videos and educational resources were purchased by the Department on Aging for continued professional development throughout its network.

## **B. Public Awareness Efforts**

Public awareness efforts conducted through the Mental Health America grant focused on increasing public awareness of suicide prevention and decreasing stigma around suicide and mental health and were developed in conjunction with the public awareness work group of the alliance.

### **Accomplishments:**

- Began development and finalized plans for implementation of a public awareness campaign to reduce the stigma of suicide, increase awareness of risk factors, including mental illnesses and promote linkage to human services for at-risk individuals.
- Engaged with Market M public relations and marketing firm to develop a statewide suicide prevention public awareness campaign, "It Only Takes One," including a draft of a suicide prevention Web site.
  - Finalized the "It Only Takes One" public awareness campaign.
  - Phase one goals were achieved with a campaign logo, Web site, collateral materials and an implementation plan to launch statewide events.

## **C. Community Outreach Efforts**

Community outreach efforts conducted through the Mental Health America grant focused on increasing the number of partners and collaborations across Illinois to assist with the implementation of suicide prevention efforts on the local level.

### **Accomplishments:**

- Developed and distributed Suicide Prevention Month activities during September 2008 and Mental Health Month during May 2009, to organizations in communities throughout Illinois.
- Suicide prevention coordinators at local veteran affairs hospitals were actively recruited into alliance activities.
- An application for youth suicide prevention activities was submitted by the Department to the Substance Abuse and Mental Health Services Administration.
- Participated in the development of the State Injury Indicator's Report by the U.S. Centers for Disease Control and Prevention. The report is a surveillance effort to identify trends and gain a broader picture of the burden of injuries across the nation. The report is anticipated to be released in 2010.

#### **D. Data Collection and Analysis Efforts**

Data collection and analysis efforts focus on increasing the quality and availability of statewide and community data for planning, surveillance and evaluation of suicide. Mini-grants were made available from the Mental Health America project to address these areas.

##### Accomplishments:

- Under the Mental Health American grant, sub-contractor funds were provided to the Center for Prevention Research and Development (CPRD) University of Illinois, Urbana-Champaign, to develop research-based evaluation methods to use as a guide in replicating outcome-based suicide prevention programming. CPRD conducted a comprehensive evaluation of the nine local coalitions involved in the Suicide Prevention Resource Center's (SPRC) two-day Core Competency Training and the local suicide prevention projects that were implemented during 2009. The following components were evaluated: 1) community mobilization factors, 2) planning methods and processes, 3) successful programs, policies and practices implementation and 4) outcomes and preliminary indicators of success. Data collection and review included: archival and program document review, coalition member survey, project director interview, site focus groups and in-person interviews. Quarterly reports on the evaluation project were provided throughout the year and a summary report was completed by CPRD in July 2009.
- Also under the MHA grant, a sub-contract award with evaluators from the Children's Safety Network: Economics and Data Analysis Resource Center of Pacific Institute for Research and Evaluation (PIRE) to evaluate Illinois' current sources of suicide data and recommend improvements in data collection. PIRE conducted interviews with Illinois data coordinators and reviewed data sources that included: Youth Risk Behavior Surveys, Child Death Review, Hospital Discharge Data, WISQARS, Community Mental Health Centers, Crisis Centers/Hotlines, State Mental Health Departments, State Substance Abuse Departments and the SCRIPTS- Child Data Lab Project. The final assessment to be completed in 2010 will identify data gaps and needs, along with recommendations to guide future development of Illinois suicide data.

**EXAMPLES OF SUICIDE PREVENTION EFFORTS BY PARTNER AGENCIES**

## Illinois Council Against Handgun Violence (ICHV), Chicago

- Displayed on a billboard on I-55 near Bloomington the fact that homes with guns experience greater rates of suicide than home without guns.
- Presented the compelling connection between guns in the home and the increased risk of suicide at more than 40 speaking engagements throughout Illinois.
- Updated a suicide and guns fact sheet and distributed thousands throughout the state as well as posted on the ICHV Web site.
- Featured Stan Lewy, an Illinois leader in suicide prevention efforts, in an ICHV "Insights" piece that was distributed via e-mail to members and posted on the ICHV Web site.
- Thomas Mannard, ICHV executive director was interviewed on WBBM radio's "At Issue" program in October to discuss the connection between guns and suicide.

## LifeSavers Training Corporation, Carbondale

- A Suicide Prevention Conference at John A. Logan College was attended by nearly 150 professional and lay people.
- Organized candlelight vigils for World Suicide Prevention Day in 10 communities in southern Illinois.
- Conducted three LifeSavers Training Retreats attended by 210 trainees, group leaders, advisors and trainers.
- Conducted LifeSavers Advisors Retreat, along with a Board Retreat, to address suicide prevention in schools.
- Provided a number of community- based presentations on signs and symptoms of suicide tailored for psychology and health departments at Southern Illinois University at Carbondale, NAMI Jackson County, Nurses Conference and the Illinois Counselor Association.
- Facilitated monthly grief support group for people who lost someone to suicide.
- Published articles on local Suicide Prevention, Suicide Survivor's Day and related issues for "The Southern Illinoisan."

## South Elgin High School, Elgin

- Conducted a research project that measured the attitudes of 173 students on the topic of suicide and depression at South Elgin High School.
- Addressed 500 teens (in about 20 classrooms) for two consecutive days on the topic of suicide and depression at South Elgin High School.
- Presented a post-vention protocol to 60 school social workers at a professional conference.
- Spoke to a community group of about 100 concerned adults in St. Charles in the wake of a suicide.
- Addressed suicide prevention efforts to many groups, reaching between 800 and 900 people who learned about depression and suicide prevention.



### Blessing Hospital, Quincy

- Fourteen presentations on "Teen Depression and Suicide" educated public health students from Quincy Senior High School and Notre Dame High School in Quincy.
- Mailed a letter and a Blessing Hospital brochure on "Suicide Guide to Warning Signs and Suicide Prevention Resources" to area churches in recognition of Suicide Prevention Week.
- Conducted National Depression Screenings in area churches with the assistance of volunteer counselors and the Blessing-Reiman School of Nursing.

In the area of community outreach, the Department also had accomplishments that were conducted separately from the Mental Health America Grant. Specifically:

- The Department contracted with Children's Memorial Hospital, Children's Data Lab to implement the Illinois Violent Death Reporting System in three counties.
- The Department contracted with the Farm Resource Center to offer outreach crisis intervention.
- Created state level data materials detailing suicides and suicide attempts to demonstrate county suicide rates and responded to data requests.

## PROPOSED ACTIVITIES TO BE INCLUDED IN THE 2010 REPORT

Based on the goals and objectives of the *Illinois Suicide Prevention Strategic Plan*, the alliance made recommendations to the Department on utilization of an additional \$350,000 allocated in the state budget to be spent in state fiscal year 2010. The following are seen as potential initiative next steps in fulfilling the goals of the Illinois Suicide Prevention Strategic Plan:

- Develop and evaluate five Model Suicide Prevention Comprehensive Pilot Programs (three year programs) that include prevention, intervention and post-vention to provide replicable, evidenced-based outcomes that can be adapted for communities throughout Illinois.
- Implement a statewide Suicide Prevention, Early Intervention and Training Initiative to:
  - 1) Develop and enhance the statewide capacity of community gatekeepers through community-based mini-grants to increase suicide prevention and early intervention skills.
  - 2) Assess the current capacity and network of crisis lines in Illinois.
  - 3) Enhance professional development abilities in Illinois through a statewide conference on suicide prevention.
  - 4) Develop and enhance the capacity of health service providers statewide to increase suicide prevention and early intervention skills.
  - 5) Develop and enhance the capacity of service providers to target suicide prevention and early intervention initiatives among specifically targeted populations, e.g. the aging population in Illinois and traumatized children in the child welfare system.

- Implement the Suicide Prevention Public Awareness Campaign to reduce the stigma of suicide, increase awareness of risk factors, including mental illnesses, and promote linkage to human services for individuals who are at risk.
- Develop and Implement a Suicide Prevention Community Outreach Initiative to build capacity across the state to promote local suicide prevention efforts by building/expanding 20 to 25 new effective and efficient coalitions and partnerships.
- Implement Suicide Prevention School-based Initiatives to support and build the following school-based initiatives:
  - 1) Professional development related to suicide prevention.
  - 2) Mini-grants will be provided to school districts to develop and implement suicide prevention initiatives within their curricula, increase in-school mental health support, conduct staff development and educate students and parents/other caregivers.
- Improve Suicide Prevention Data Collection and Analysis to:
  - 1) Develop and implement the Illinois Violent Death Reporting System (IVDRS) statewide to collect more effective and accurate data on suicide deaths in Illinois.
  - 2) Work with an epidemiologist to analyze suicide attempt data statewide, train providers on how to collect better data and provide reports on data by county.
- Support Suicide Prevention Evaluation and Research to support research-based evaluation methods and technical assistance; and, to replicate suicide prevention efforts throughout Illinois according to outcome measures.

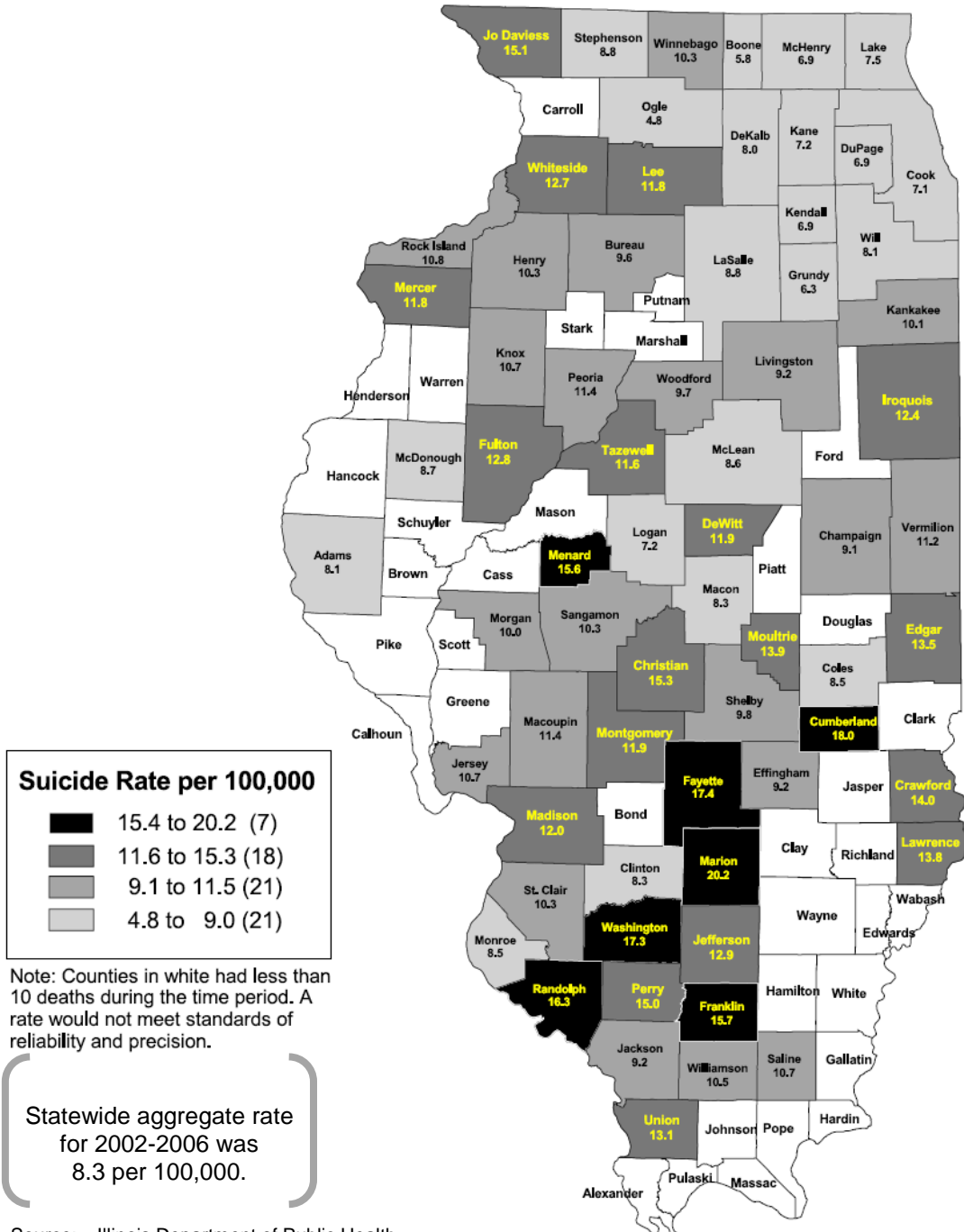
## ILLINOIS SUICIDE PREVENTION ALLIANCE (ISPA) MEMBERS in 2009

MEMBER	AGENCY
Sergeant Jill Allen	Illinois State Police
Judy Ashby	LifeSavers Training Corporation
Wendy Blank	Illinois Department of Corrections
Amy Brausch	Researcher - Eastern Illinois University
Sherry Bryant	Survivor
Reshma Desai	Illinois Violence Prevention Authority
Paul Fleming	Survivor
Dr. Sam Gaines	Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety
Carol Gall (Wozniewski)	Mental Health America of Illinois ( <i>Co-chair</i> )
Thomas Mannard	Illinois Council Against Handgun Violence
Becky Markwell	Illinois Higher Education Center
Jennifer Martin/George Dirks	Illinois Department of Public Health, Injury and Violence Prevention Program
Mary Mayes	Illinois Department on Aging
Christine Mitchell	American Foundation for Suicide Prevention
Jessica O'Leary	Office of the Illinois Attorney General
Marilyn Peebles	Illinois Department of Children and Family Services
Patricia Reedy	Illinois Department of Human Services, Division of Mental Health
Sharneice Snyder	Jason Foundation at Streamwood Behavioral Health Systems
Glenn Steinhausen	Illinois State Board of Education ( <i>Co-chair</i> )
Shannon Sullivan	Illinois Safe Schools Alliance
Lora Thomas	NAMI Illinois - National Alliance on Mental Illness
Stephanie Weber	Suicide Prevention Services



### SUICIDE RATES BY COUNTY

## Illinois Department of Public Health Suicide Rate per 100,000 2002-2006 Aggregated



**Suicide Rate per 100,000**

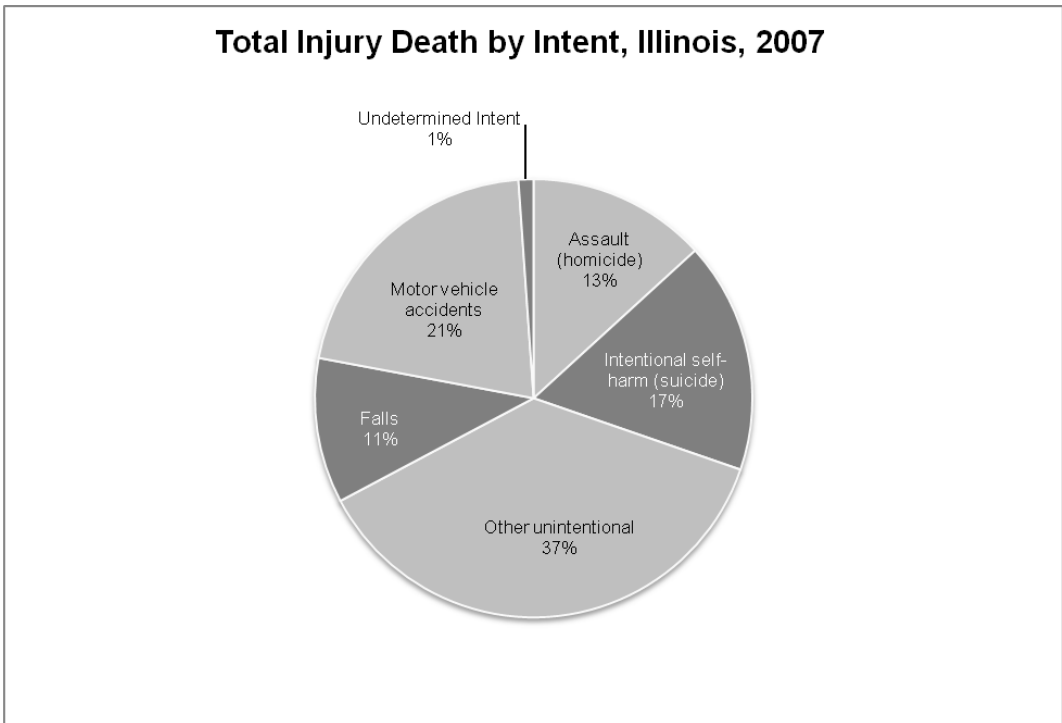
- 15.4 to 20.2 (7)
- 11.6 to 15.3 (18)
- 9.1 to 11.5 (21)
- 4.8 to 9.0 (21)

Note: Counties in white had less than 10 deaths during the time period. A rate would not meet standards of reliability and precision.

Statewide aggregate rate for 2002-2006 was 8.3 per 100,000.

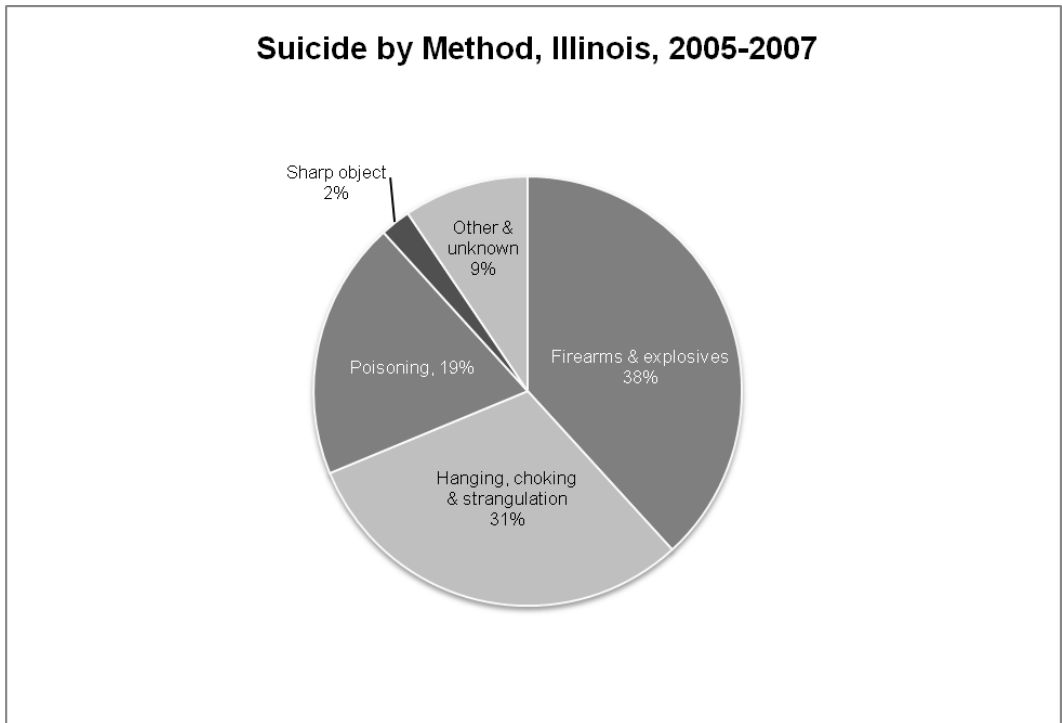
Source: Illinois Department of Public Health, Center for Health Statistics

**Illinois Suicide Data**



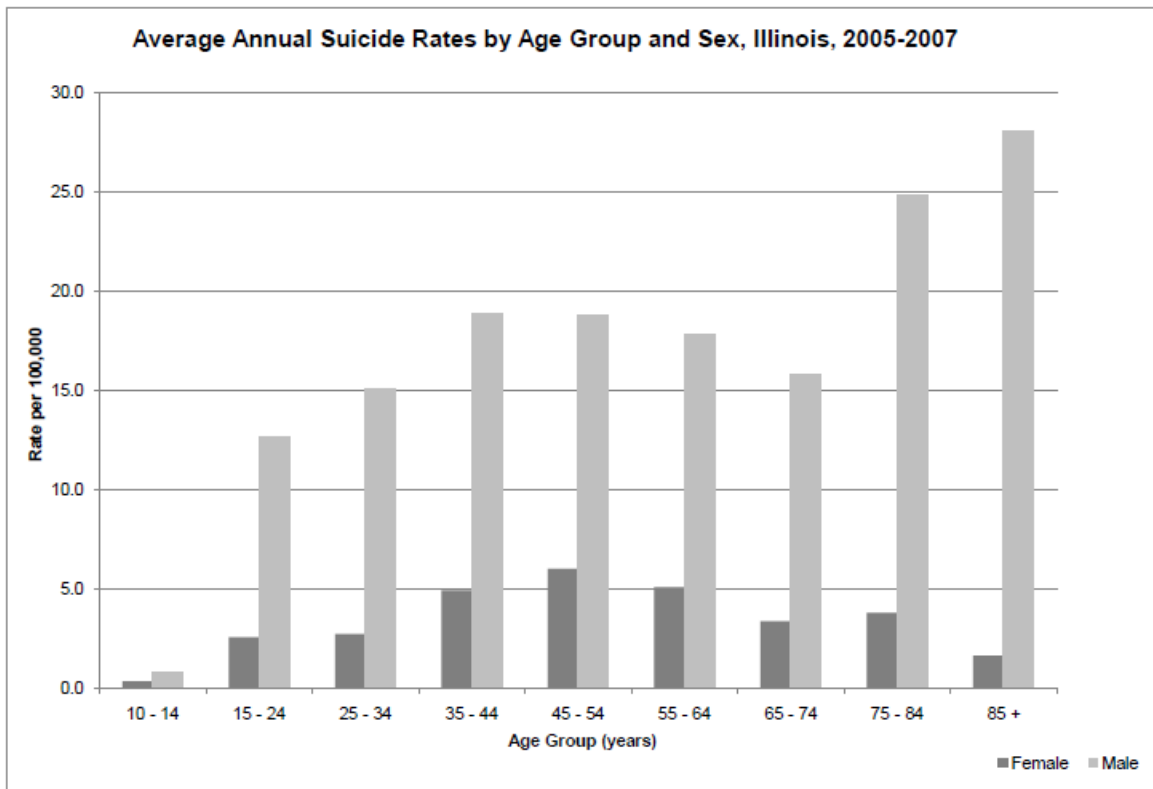
Source: Illinois Department of Public Health, Center for Health Statistics

- Motor vehicle related deaths account for 21 percent of total injury deaths. It is unknown how many of these are intentional crashes, yet it is assumed that a portion are suicides.

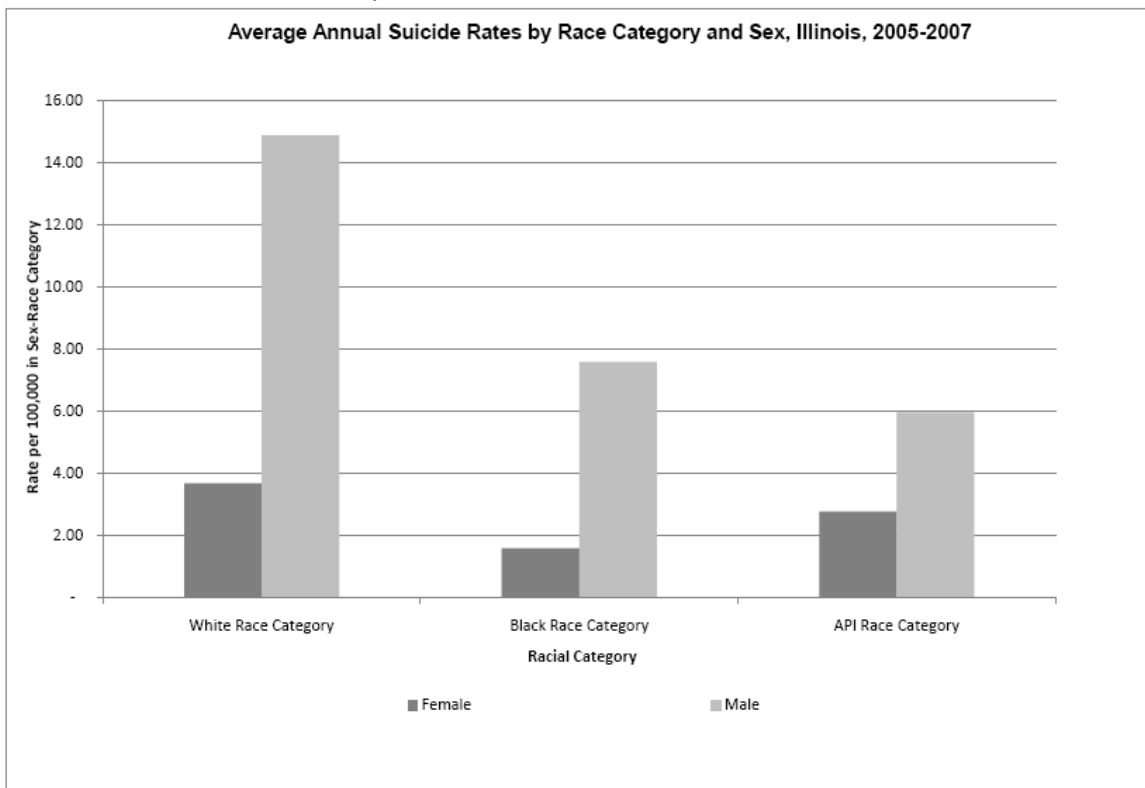


Source: Illinois Department of Public Health, Center for Health Statistics

## Illinois Suicide Data

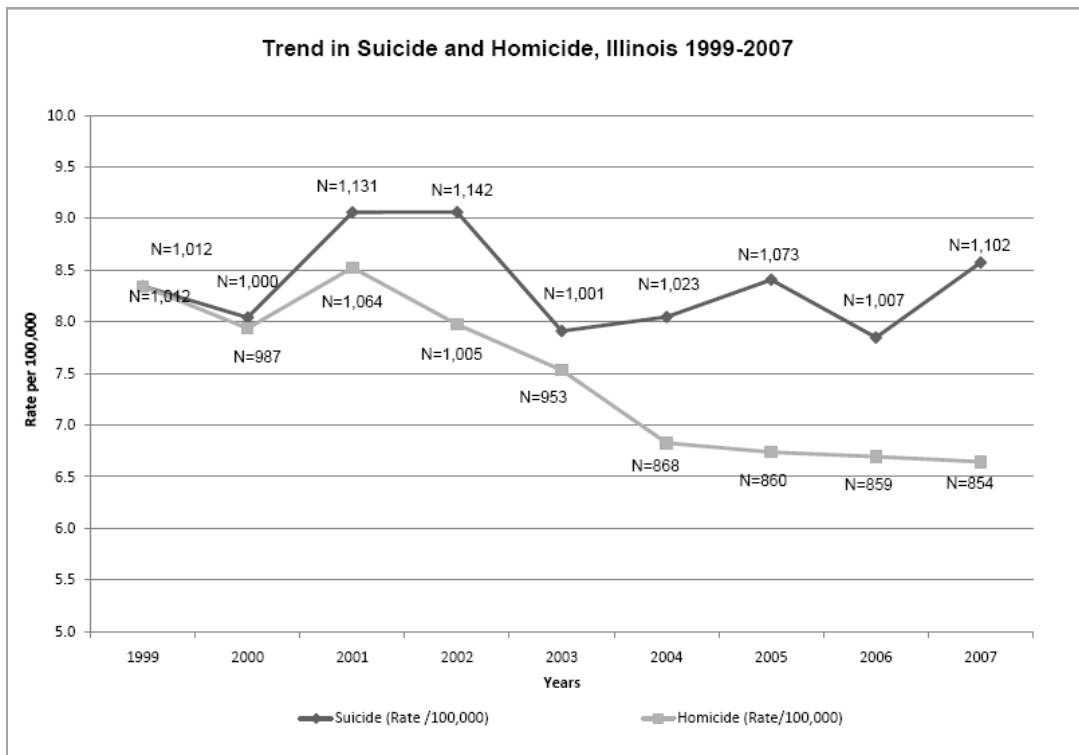


Source: Illinois Department of Public Health, Center for Health Statistics

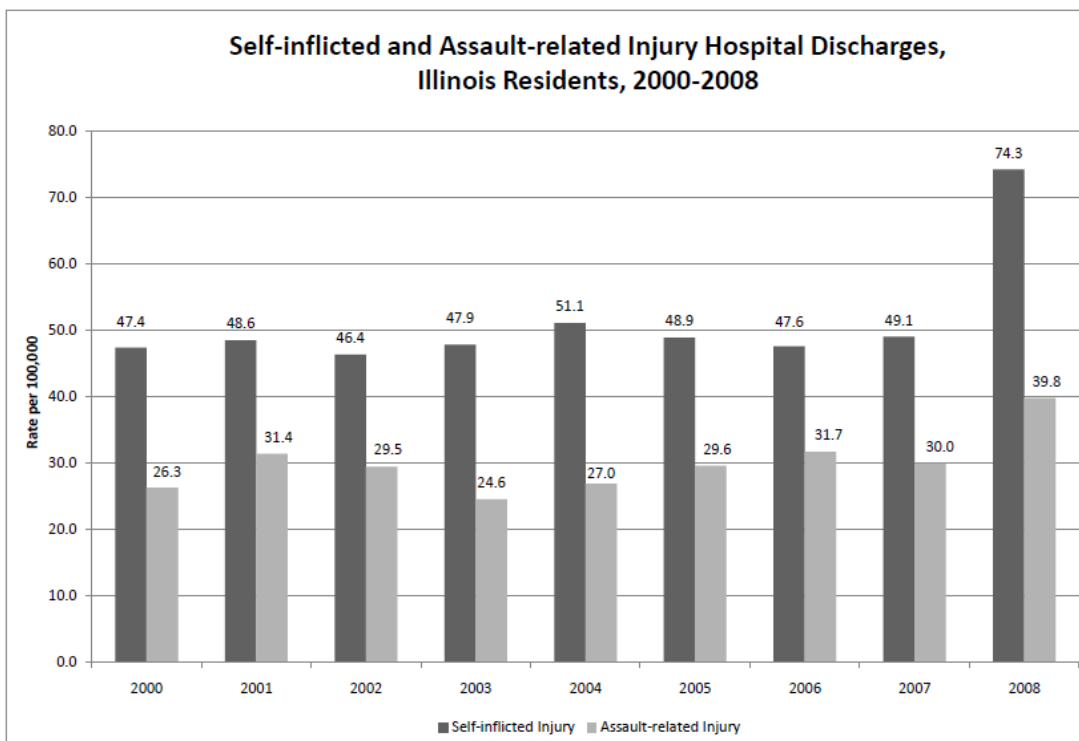


Source: Illinois Department of Public Health, Center for Health Statistics

### Illinois Suicide and Homicide Data



Source: Illinois Department of Public Health, Center for Health Statistics



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

(\* Note the increase in 2008 primarily reflects increased reporting of E-codes. The percentage of E-codes reported statewide for injury cases in 2007 and years prior was 55 percent. For 2008, it was 85 percent.)

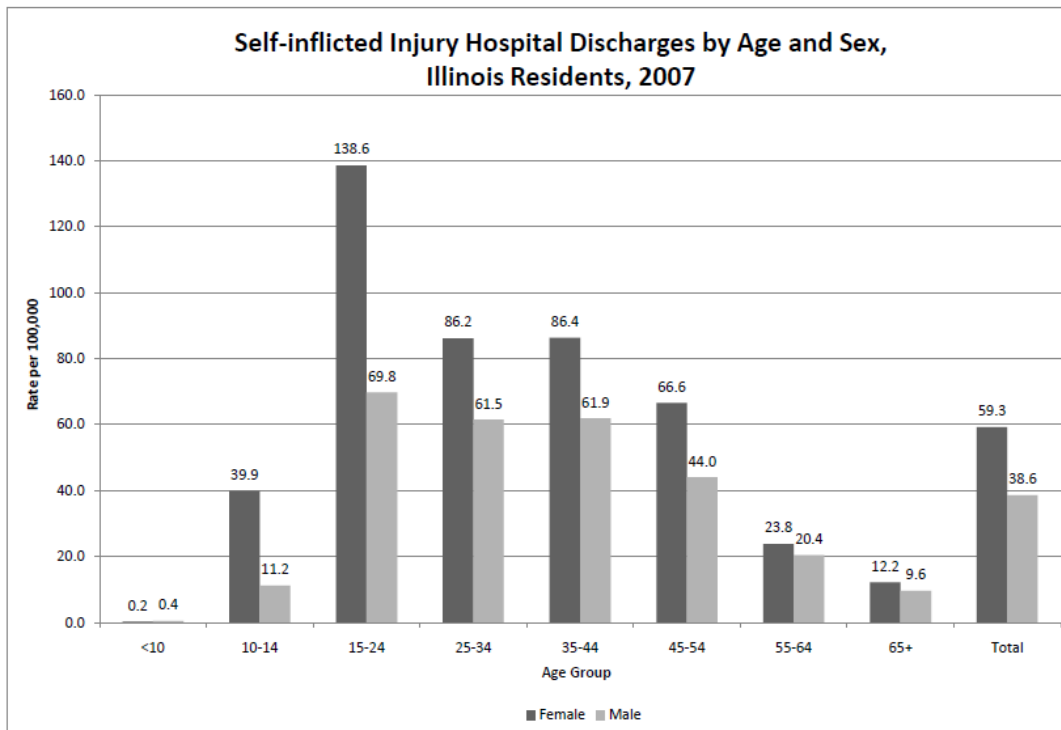


**Hospital Discharge Data**

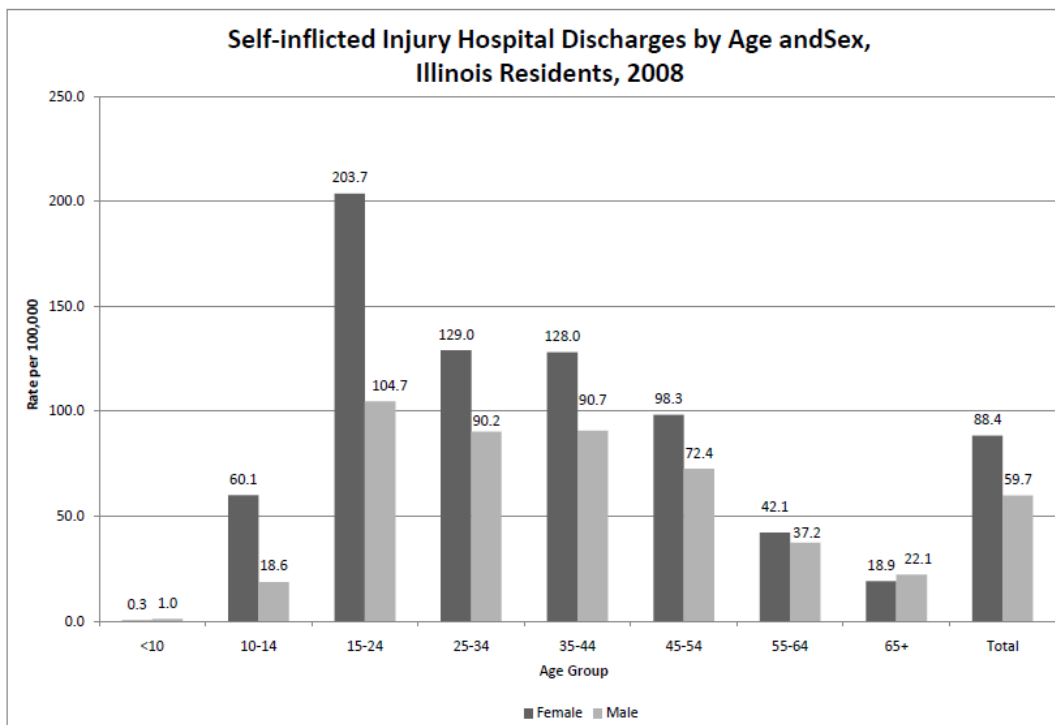
**and**

**Youth Risk Behavior  
Survey Results**

**Illinois Hospital Discharge Data by Age and Sex**



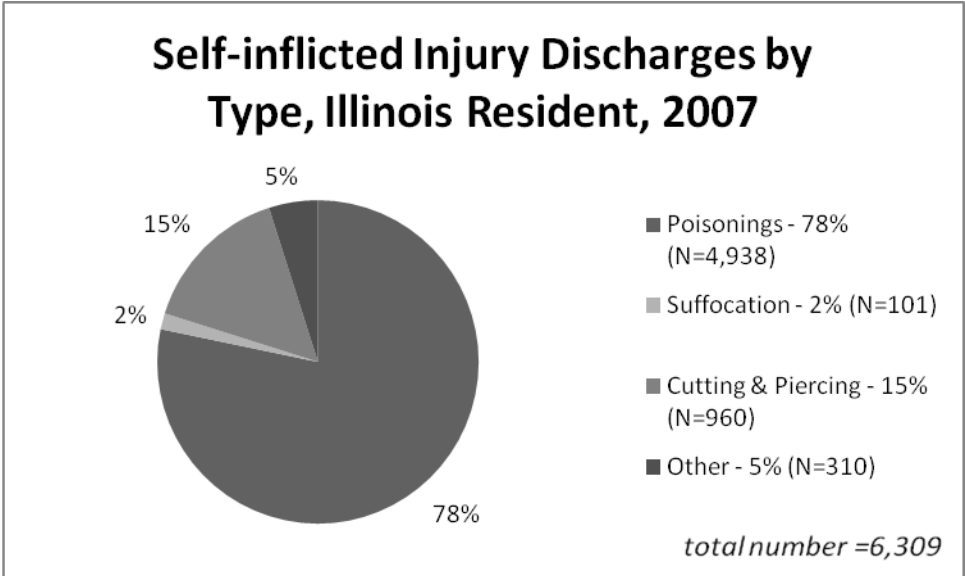
Source: Illinois Department of Public Health, Division of Patient Safety and Quality



Source: Illinois Department of Public Health, Division of Patient Safety and Quality

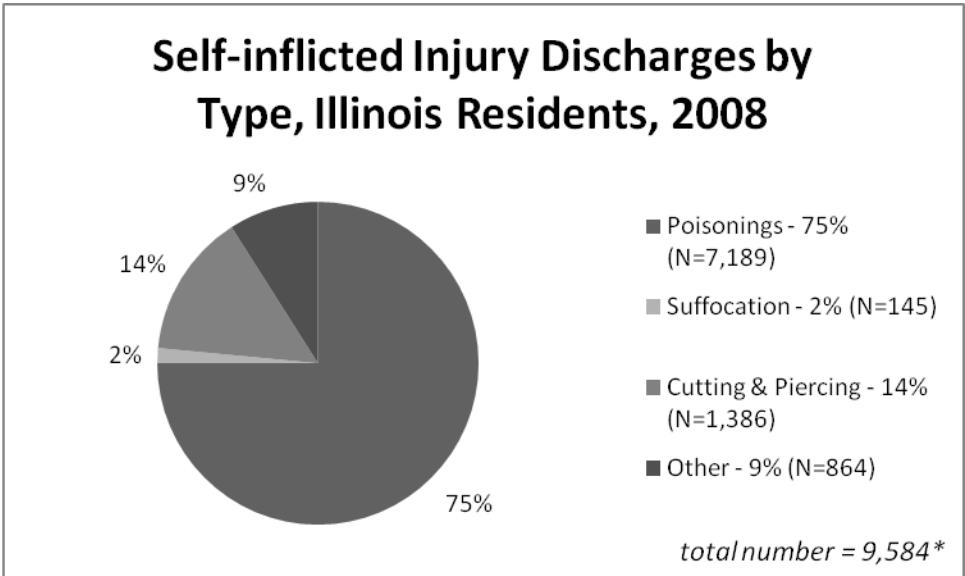
(\* Note the increase in 2008 primarily reflects increased reporting of E-codes. The percentage of E-codes reported statewide for injury cases in 2007 and years prior was 55 percent. For 2008, it was 85 percent.)

**Illinois Hospital Discharge Data by Type**



Source - Illinois Department of Public Health, Division of Patient Safety and Quality

- The total number of self-inflicted injury hospitalizations in 2007 was 6,309.

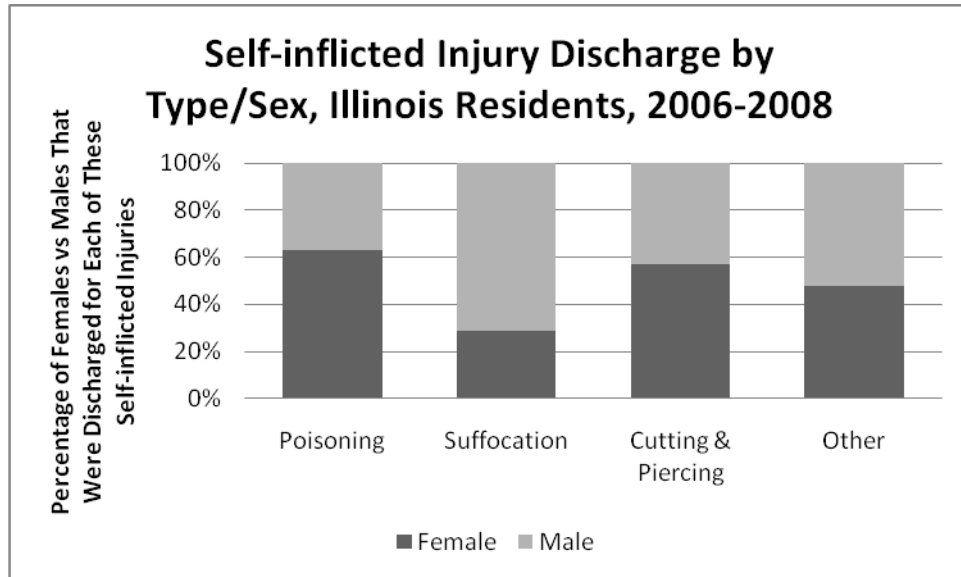


Source: Illinois Department of Public Health, Division of Patient Safety and Quality

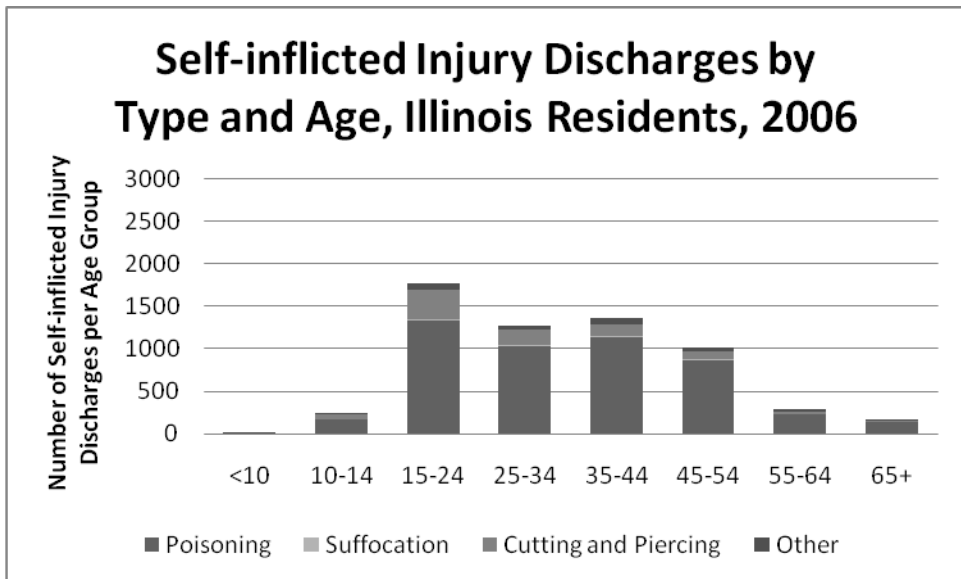
- The total number of self-inflicted injury hospitalizations in 2008 was 9,584.

(\* Note the increase in 2008 primarily reflects increased reporting of E-codes. The percentage of E-codes reported statewide for injury cases in 2007 and years prior was 55 percent. For 2008 it was 85 percent. )

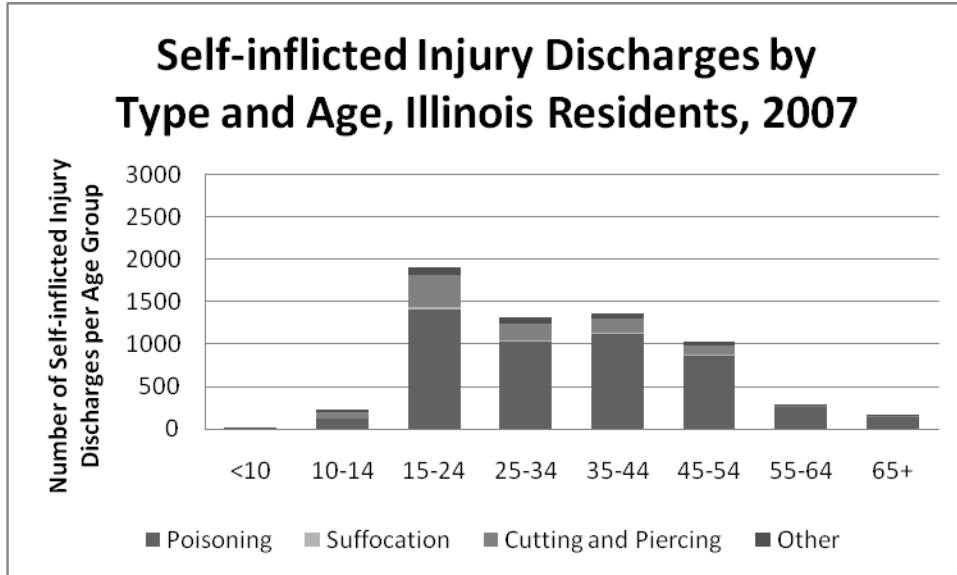
**Illinois Hospital Discharge Data by Type and Sex**



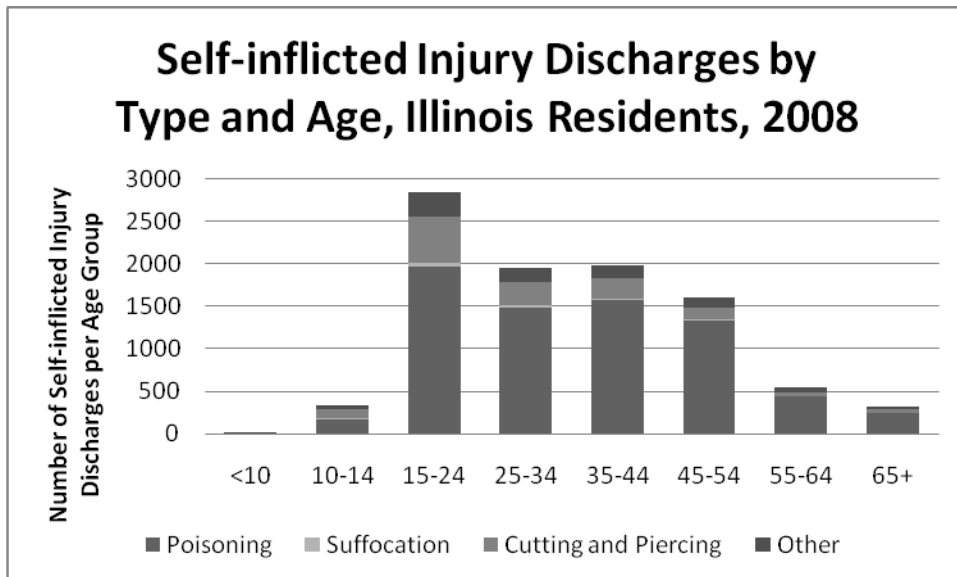
Source: Illinois Department of Public Health, Division of Patient Safety and Quality



Source: Illinois Department of Public Health, Division of Patient Safety and Quality



Source: Illinois Department of Public Health, Division of Patient Safety and Quality



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**YOUTH RISK BEHAVIOR SURVEY RESULTS**

**2009 YOUTH RISK BEHAVIOR SURVEY RESULTS**

**Illinois High School Survey  
Summary Table - Weighted Data**

QN24: Percentage of students who seriously considered attempting suicide during the past 12 months

	Total		Male		Female	
	Percentage	95% confidence interval	Percentage	95% confidence interval	Percentage	95% confidence interval
		N		N		N
<b>Age</b>						
Total	14.9	( 12.9 - 17.1)	1,754	898	18.2	( 14.3 - 22.9)
15 or younger	16.0	( 12.3 - 20.7)	583	278	20.4	( 13.6 - 29.3)
16 or 17	13.9	( 11.3 - 16.9)	898	468	16.2	( 11.7 - 22.0)
18 or older	15.6	( 11.4 - 20.9)	268	151	20.2	( 15.2 - 26.3)
<b>Grade</b>						
9th	13.2	( 9.7 - 17.8)	478	224	17.2	( 10.4 - 27.2)
10th	16.8	( 13.0 - 21.4)	414	222	22.6	( 15.0 - 32.6)
11th	13.6	( 10.6 - 17.4)	448	234	14.1	( 9.8 - 19.8)
12th	15.2	( 11.7 - 19.5)	396	207	18.2	( 11.9 - 26.9)
<b>Race/Ethnicity</b>						
Black*	16.1	( 9.9 - 24.9)	204	97	23.8	( 13.4 - 38.7)
Hispanic/Latino	14.0	( 8.4 - 22.3)	287	135	16.0	( 8.2 - 29.0)
White*	14.5	( 11.7 - 17.8)	1,073	558	17.2	( 12.0 - 24.1)
All other races	-	-	82	51	-	-
Multiple races	-	-	75	41	-	-

Note: There were 4 students who were excluded from the analysis for QN24.

N = Number of students.

\*Non-Hispanic

- = Less than 100 students in the subgroup.





**YOUTH RISK BEHAVIOR SURVEY RESULTS**

**2009 YOUTH RISK BEHAVIOR SURVEY RESULTS**

**Illinois High School Survey  
Summary Table - Weighted Data**

QN26: Percentage of students who actually attempted suicide one or more times during the past 12 months

	Total			Male			Female		
	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N	Percentage	95% confidence interval	N
<b>Age</b>									
Total	8.0	( 6.1 - 10.5)	1,528	7.4	( 5.6 - 9.8)	770	8.5	( 5.5 - 12.9)	755
15 or younger	9.4	( 5.6 - 15.4)	512	6.8	( 3.9 - 11.7)	242	11.9	( 6.6 - 20.4)	269
16 or 17	6.0	( 4.2 - 8.6)	786	6.3	( 4.3 - 9.2)	405	5.7	( 3.4 - 9.4)	380
18 or older	11.8	( 7.5 - 17.9)	229	12.6	( 7.9 - 19.7)	123	10.8	( 4.7 - 23.2)	106
<b>Grade</b>									
9th	7.6	( 4.5 - 12.7)	415	7.9	( 4.6 - 13.1)	191	7.3	( 3.8 - 13.6)	224
10th	8.6	( 4.9 - 14.8)	363	4.7	( 2.1 - 10.5)	197	12.6	( 6.6 - 22.5)	165
11th	5.6	( 3.4 - 9.1)	396	6.8	( 2.7 - 16.2)	205	4.4	( 2.3 - 8.3)	191
12th	9.1	( 6.0 - 13.4)	342	10.0	( 5.3 - 18.1)	169	8.2	( 4.3 - 15.1)	173
<b>Race/Ethnicity</b>									
Black*	11.8	( 7.5 - 18.3)	159	-	-	76	-	-	82
Hispanic/Latino	9.9	( 4.5 - 20.4)	245	7.0	( 2.3 - 19.2)	116	12.6	( 6.1 - 24.4)	129
White*	6.1	( 4.1 - 9.0)	957	5.8	( 3.8 - 8.7)	482	6.4	( 3.8 - 10.5)	475
All other races	-	-	73	-	-	46	-	-	26
Multiple races	-	-	72	-	-	40	-	-	32

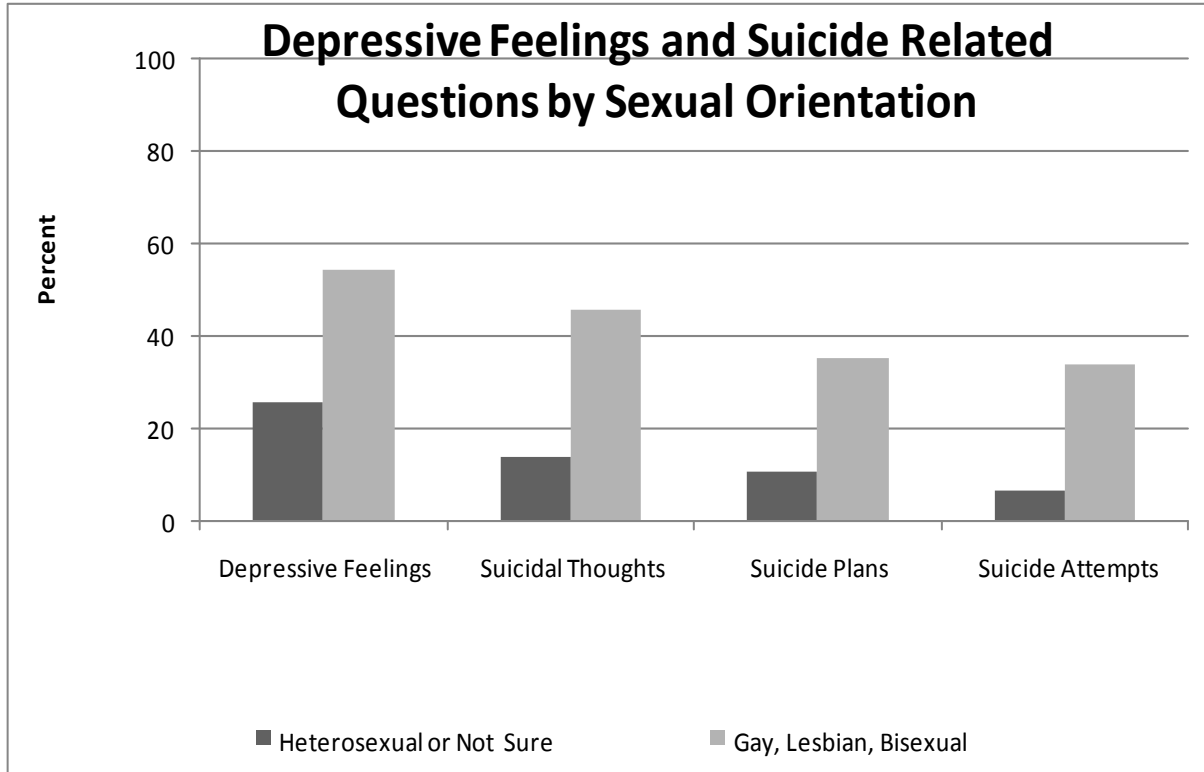
Note: There were 230 students who were excluded from the analysis for QN26.  
 N = Number of students.  
 \*Non-Hispanic.  
 - = Less than 100 students in the subgroup.

**YOUTH RISK BEHAVIOR SURVEY RESULTS**

**Sexual Orientation, 2009**

In 2009, two questions were added to the Illinois YRBS to assess student’s sexual orientation:

- During your life, with whom have you had sexual contact?
- Which of the following best describes you?
  - Heterosexual (straight), Gay or Lesbian, Bisexual, Not sure



	<u>Heterosexual</u>	versus	<u>GLB</u>
Depressive Feelings	25.50%		54.30%
Suicidal Thoughts	13.50%		45.80%
Suicidal Plans	10.50%		35.30%
Suicide Attempts	6.50%		33.60%

*Copies of this report are available at*  
[http://www.idph.state.il.us/pub\\_home.htm](http://www.idph.state.il.us/pub_home.htm)