



Fiscal 2025 Suicide Prevention Report

Illinois Suicide Prevention Alliance

Created by Public Act 095-0109

December 2025

The Illinois Department of Public Health and the Illinois Suicide Prevention Alliance want a society where people, especially those at risk of suicidal behaviors, can live to their full potential.

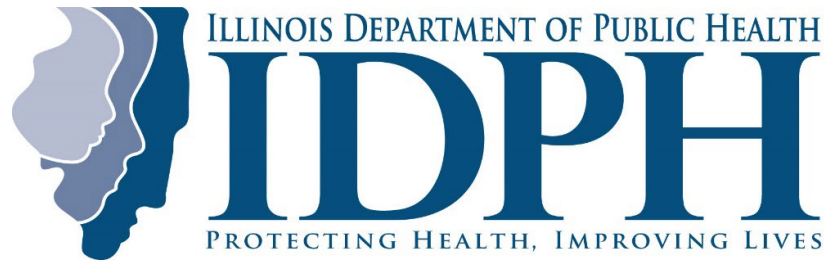


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Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support. Help is available 24/7 across the United States – Call or text 988 or chat 988lifeline.org. 988 is confidential, free, and available 24/7/365.

Background History

FY25 Suicide Prevention Report to the

The Honorable JB Pritzker, Governor of Illinois, and the Illinois General Assembly

The suicide problem in Illinois challenges everyone -- advocates, child welfare workers, clergy, communities, educators, families, health care providers, hospital personnel, law enforcement, mental health professionals, physicians, policymakers, prevention specialists, and public health professionals. Efforts by the Illinois Department of Public Health (IDPH) began 24 years ago to address the problem, reduce the number of suicides, and lessen its stigma.

The initial statewide effort to address suicide in Illinois started in 2001 with the establishment of the Illinois Suicide Prevention Coalition by IDPH. The coalition held meetings from 2001 through 2003 with the initial purpose of developing a state plan for suicide prevention. The original 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](#). The act required IDPH to establish a Suicide Prevention Strategic Planning Committee and specified requirements for appointing members.

To unify planning work and advance suicide prevention efforts, an alliance was created in 2007 between the Illinois Suicide Prevention Strategic Planning Committee and the Illinois Suicide Prevention Coalition. Legislation was passed officially changing the committee's name to the Illinois Suicide Prevention Alliance—Public Act 095-0109—and was signed into law on January 1, 2008.

[Public Act 101-0331](#) revised the Suicide Prevention, Education, and Treatment Act, effective August 9, 2019. The act envisioned the establishment of an infrastructure for suicide prevention, the development of a comprehensive plan to prevent suicide, and funding to implement that plan. The act took the first step by giving IDPH responsibility for coordinating statewide suicide prevention, intervention, and postvention programs, services, and efforts. The completion of the [Illinois Suicide Prevention Strategic Plan 2020](#) fulfilled the second step by providing a comprehensive, public health-based strategy to prevent suicide. The third step was to secure funding to implement the plan. During FY22, funds were included in the state budget to support IDPH suicide prevention infrastructure and strategies in the state plan. The first suicide prevention coordinator started in July 2022.

The alliance aims to bring together public and private organizations and stakeholders concerned with mental health to implement the goals and objectives that reduce this tragedy, using a positive public health approach. The alliance reflects a multi-disciplinary membership appointed by the IDPH director. Appointed membership represents state agencies, organizations that focus on the prevention of suicide and the improvement of mental health treatment, suicide survivors, mental health consumers, first responders, researchers, and those representing at-risk populations. In addition to the appointed members, numerous stakeholders assist the alliance's work.

This report narrative captures the FY25 work of IDPH and its advisory board, the Illinois Suicide Prevention Alliance, along with other state suicide prevention efforts.

Illinois Suicide Prevention Strategy

The Illinois Suicide Prevention Strategy recommendations are based on the 2012 National Strategy for Suicide Prevention.

- **Strategic Direction 1. Healthy and Empowered Individuals, Families, and Communities**

Suicide prevention should follow a public health model that provides a role for all elements of the community.

- Goal 1. Integrate and coordinate suicide prevention activities.
- Goal 2. Utilize communications to change attitudes and behaviors toward suicide and behavioral health.
- Goal 3. Increase understanding of protective factors and how to promote wellness and recovery.
- Goal 4. Promote responsible media reporting of suicide.

- **Strategic Direction 2. Clinical and Community Preventive Services**

Clinical providers and community preventative services should be provided tools to reduce suicide risk factors and to promote protective factors.

- Goal 5. Promote wellness and prevent suicide and related behaviors.
- Goal 6. Reduce access to lethal means of suicide.
- Goal 7. Provide training to community and clinical service providers.

- **Strategic Direction 3. Health Care Providers**

Health care providers should adopt a comprehensive suicide prevention program with an aspirational goal of “zero suicide.”

- Goal 8. Implement a comprehensive suicide prevention program.
- Goal 9. Provide effective care transitions.
- Goal 10. Provide care and support to individuals affected by suicide deaths and attempts.

- **Strategic Direction 4. Surveillance, Research, and Evaluation**

Illinois should promote comprehensive public health surveillance, research-based suicide prevention programs, and regular evaluation and improvement of programs.

- Goal 11. Improve the timeliness and usefulness of data and the ability to use that data.
- Goal 12. Promote and support suicide prevention research.
- Goal 13. Evaluate the impact and effectiveness of suicide prevention programs.

[Illinois Suicide Prevention Strategic Plan 2020](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020red) –

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/illinoisstrategicplan2020red>
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Accomplishments – FY25

Illinois Suicide Prevention Alliance activities

- **The Illinois Suicide Prevention Alliance (ISPA)** met quarterly and discussed statewide suicide prevention efforts. Standing agenda items at the ISPA meetings included updates on suicide prevention-related legislation; adolescent suicide prevention ad hoc committee activities; 988 planning and implementation efforts from the Illinois Department of Human Services (IDHS); Governor’s Challenge: To Prevent Suicide Among Service Members, Veterans, and their Families efforts led by IDHS; and updates from partners on suicide prevention activities. The alliance discussed and strategized on disseminating the Suicide Prevention Strategic Plan, and the allocation of state funding received for suicide prevention activities. The alliance hosted several guest presenters from various organizations, including the Illinois Violent Death Reporting System, Illinois Department of Human Services 988 updates, U.S. Department of Homeland Security, Illinois Department of Human Services/ Office of Firearm Violence Prevention, Illinois Coalition Against Domestic Violence, Illinois Emergency Management Agency/Safe2Help, Elyssa’s Mission, Dr. Jonathan Singer from Rush University, Children’s Mental Health Partnership, Illinois Department of Public Health/ Office of Minority Health, Illinois Department of Public Health/ Men’s Health, DuPage High School District 88 and ReferralGPS, Douglas County Health Department, AllianceChicago, Prevention First, and University of Chicago.

FY25 Activities by state agencies *(listed alphabetically)*

- **Illinois Criminal Justice Information Authority (ICJIA)** – ICJIA team members participated in the Time Referral Conference. This conference allows ICJIA to continue to be aware of suicide prevention strategies while providing insight into statewide effort supporting a broader mission for violence prevention and youth development. While ICJIA does not currently have a dedicated funding stream for suicide prevention, this engagement allows us to identify gaps, connect grantees to existing resources, and advocate for future funding opportunities. The information gathered is particularly relevant to programs serving youth who may be experiencing mental health crises.
- **Illinois Department on Aging (IDoA)** - In the current IDoA State Plan on Aging, the department emphasizes linking older adults to services that address behavioral and mental health concerns, combatting social isolation and loneliness, and fostering social connections within communities. IDoA continues their efforts to mitigate risk of suicide through prevention projects by asking relevant questions and following up with resources when a potential risk is identified. Mental health and suicide preventions continues to be a topic during Adult Protective Services agencies quarterly trainings.

- **Illinois Department of Human Services (IDHS)** – Division of Substance Use Prevention and Recovery (SUPR) funded two programs through ARPA aimed at breaking cycles of intergenerational trauma. The Circle of Care project within the Illinois Family Resource Center, which developed grief support resources for youth who have lost caregivers and loved ones to substance use. Helping youth process their grief in healthy ways could prevent future substance use or mental health crises. The Youth and Caregiver Resource Center at Prevention First, which developed and distributed healing-centered resources for families impacted by parental substance use and incarceration. Addressing these issues can prevent both substance use and mental health crisis such as suicide attempts.

The Division of Mental Health continues to drive the Illinois Governors Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. Three inperson training sessions were offered in Northern, Central and Southern Illinois. The trainings focused on military culture competency as it relates to suicide prevention.

- **Illinois Department of Public Health (IDPH)** – IDPH received the Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022. Through this funding, IDPH was able to fund the expansion of depression screening in school-based health centers to Douglas County Health Center, technical assistance for suicide prevention efforts to DuPage High School District 88, timely referrals of students identified at-risk youth to AllianceChicago, and training to identify students at risk for suicide to Prevention First.

IDPH was also granted the Expansion of Comprehensive Suicide Prevention in the United States through the Centers for Disease Control and Prevention (CDC), which will focus on two disproportionately affected populations identified through morbidity and mortality data. The two disproportionately affected populations were identified as men 50 years of age and older in Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, McLean, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties and females aged 10-19 years. Through this funding, IDPH was able to fund the Man Therapy program to Aurora African American Health Fair Committee, and Zero Suicide-Strengthen Access & Delivery of Suicide Care to DeKalb Behavioral Health Foundation. In collaboration with the IDPH's Office of Women's Health and Family Services, five organizations were funded to provide teaching coping and problem-solving skills, focusing on females 10-19 years of age. Box United, Northwestern University Settlement Association, One Purpose Love, Regional Office of Education #47 and Winnebago County Health Department were all funded.

The Violence and Injury Prevention Section was able to offer funding for a Suicide Prevention Summit and Zero Suicide Academy through Illinois General Review Funds. The funds will be appropriated for expenses related to Suicide Prevention, Education, and Treatment Program pursuant to Public Act 101-0331. The Illinois Department of Public Health (IDPH) will provide funding to expand the implementation of strategies in the [Illinois Suicide Prevention Strategic Plan](#). At the recommendation of the IDPH director-appointed advisory group, Illinois Suicide

Prevention Alliance (ISPA), the IDPH Violence and Injury Prevention Section will provide funding to one entity for the purpose to organize and implement a statewide suicide prevention summit, in addition to a Zero Suicide Academy. Prevention First, held several Zero Suicide Workshops and held a Suicide Prevention Summit in June.

The University of Chicago was funded to provide ECHO trainings to clinicians through Illinois General Review Funds. The Funds were appropriated for expenses related to Suicide Prevention, Education, and Treatment Program pursuant to Public Act 101-0331. The Illinois Department of Public Health (IDPH) will provide funding to expand the implementation of strategies in the [Illinois Suicide Prevention Strategic Plan](#). At the recommendation of the IDPH director-appointed advisory group, Illinois Suicide Prevention Alliance (ISPA), the IDPH Violence and Injury Prevention Section will provide funding to one entity for the purpose to organize and implement workforce development opportunities through implementing the ECHO approach, a Community of Practice (CoP), and offering evidence-based trainings to build workforce development for professionals.

Through Illinois General Revenue Funds, the Illinois Department of Public Health (IDPH), Violence and Injury Prevention Section (VIPS), will provide funding for organizations to implement firearm safe storage strategies. The purpose of funding is to implement components of the second phase of the safe gun storage public awareness campaign outlined under the Safe Gun Storage Public Awareness Campaign Act ([Public Act 102-1067](#)). The funding opportunity also helps expand the implementation of objectives in the [Making Illinois Safer: Strategic Plan 2018-2022](#) to build capacity at the state and local level for evidence-based injury prevention so communities can reduce and prevent injuries, violence, and suicide; in addition to objectives in the [Illinois Suicide Prevention Strategic Plan 2020](#) around reducing access to lethal means of suicide. In FY25, VIPS funded 15 organizations to implement one, some, or all the following goals:

- Gun Lock and Safe (including lock box) Distribution
 - Develop a focused strategy to distribute, through community-based organizations, gun locks and gun safes in areas most affected by gun violence; and/or
 - Pair gun lock distribution with brief counseling or education sessions, which has been shown to significantly increase safe storage practices.
- Education and Training on Safe Storage Counseling and Screening for Health Care Providers –
 - Develop an education and training program on safe storage counseling and screening for health care professionals, including pediatric primary care and emergency room departments.
- Education and Training on the Firearm Restraining Order Act
 - Develop education and training on the Firearms Restraining Order Act for practitioners, law enforcement, and the general public.

In FY25, the Illinois Department of Public Health (IDPH), Brady: United Against Gun Violence, and the Ad Council continued to increase awareness of the [Pause to Heal](#) Firearm Restraining Order (FRO) Education Campaign, which was launched in FY24, and focused on preparations to launch the next phase at the beginning of FY26. The Illinois effort is the first phase of a planned multi-state campaign called “Pause to Heal.” It is designed to prevent firearm suicides and other shootings by educating the public about the state’s FRO law, and the power that family and

household members have to ask a court to temporarily restrict access to guns and ammunition when a person poses a threat to themselves or others. IDPH also released a podcast, as part of the This Is Public Health podcast series, on “How Firearm Restraining Orders Pause Potentially Deadly Situations” ([LinkedIn](#)).

In FY25, with funding from the Illinois State Board of Education, the Illinois Department of Public Health in partnership with ECHO-Chicago program at the University of Chicago, offered free suicide prevention training for Illinois schools. The trainings were specifically focused on 1) what coaches can do to help prevent suicide and support the mental health of their athletes and 2) what anyone working with youth and young adults to help those at risk of suicidal behaviors.

1. QPR [Question Persuade Refer] for Athletics, a suicide prevention training for athletic coaches
2. QPR Pathfinder, a training for mental health crisis response for non-behavioral health providers

In the summer of 2024, IDPH was invited by SAMHSA to attend the second cohort for Black Youth Suicide Policy Academy. Staff from IDPH and various members of the Illinois Suicide Prevention Alliance attended the policy academy. During FY25, the Black Youth Suicide Policy Academy has been working on an awareness campaign that will launch in FY26.

In FY25, the Illinois Department of Public Health (IDPH) has launched a new dashboard detailing information about all violent deaths and firearm-related injuries in the state. The new dashboard is presented in two parts: [Illinois Firearm Injury Rates](#) and [Illinois Violent Deaths](#). It is intended to provide detailed information at the county level about these incidents, including the types of incidents (e.g., homicide, suicide, etc.), weapon type and where victims reside, broken down by county. The goal of the dashboard is to inform data-driven prevention and intervention efforts to reduce violent deaths and firearm injuries in Illinois.

IDPH’s regional medical coordinators have attempted to recruit emergency medical services medical physician directors to participate on the new regional Community Emergency Services and Support Act (CESSA) committees. CESSA is a new law that forms community strike teams to assist law enforcement with mental health emergencies within local communities to reduce negative outcomes for community psychiatric and mental health emergencies.

- **Illinois State Board of Education (ISBE)** – In collaboration with IDPH, ISBE funded Question, Pursued, and Refer (QPR) gatekeeper and Assessing and Managing Suicide Risk (AMSR) training free of charge to school personnel through the Social and Emotional Learning (SEL) hubs. These trainings aimed to increase the capacity of school personnel at all levels, from cafeteria workers, to janitorial staff, and beyond, to assess and prevent suicide.
- **Illinois State Police (ISP)** – Employee Support Services (ESS) provides several internal and external resources to assist employees and family members in covering a range of topics, including chaplain, peer support, employee assistance, personal support programs, and critical incident stress

management assistance. As critical incidents occurred throughout the year, the ISP and ESS team members reached out to impacted employees and shared information regarding ESS programs and resources available for line-of-duty deaths. Additionally, ESS provided information to personnel on mental health awareness, self-care activities, and seeking professional help if the symptoms persist over a prolonged period. ESS also provided resources during Mental Health Awareness Day, including an invitation to attend a suicide prevention training designed to combat loneliness, which was made available at the following link: <https://qprinstitute.com/store>.

The ISP Division of the Academy and Training (DAT) began a 12-hour course on Integrating Communications, Assessment, and Tactics (ICAT), including a block of training on Suicide by Cop. The training program provides officers with the tools, skills, and options to successfully and safely defuse a range of critical incidents. DAT continues to conduct a 40-hour Crisis Intervention Training (CIT) program, where officers receive intensive training on recognizing and addressing individuals in the community who have a mental illness or other behavioral health crisis. The CIT training program is a specialized course for officers. Officers receive training in topics such as mental illness/signs and symptoms, co-occurring disorders, child and adolescent issues, medical conditions, psychotropic medications, law enforcement response, and legal matters. They also learn advanced communication and de-escalation techniques, partake in exercises, have an opportunity to participate in discussions with individuals who have a mental illness and their family members, and exercise their skills in realistic scenario role plays. Additionally, DAT offered officers online and in-person training on suicide prevention and wellness. ISP coordinated with the U.S. Department of Justice to deliver Suicide Awareness for Law Enforcement Officer Wellness training to front-line officers, mid-level supervisors, and command officer levels. The training provided officers with a better understanding of the risk factors and how to recognize warning signs and they shared several resources to promote wellness and treat unresolved issues. During the past year, the ESS Team and the DAT have taken a forefront approach by providing training and highlighting the programs for ISP employees and their family members. The goal was to minimize the barriers for an employee, their family members, and the community seeking help if needed and to make the contact information readily available.

Activities by stakeholders during Suicide Prevention Month (September)

In September 2024, many organizations across Illinois organized activities to raise awareness about suicide, provide education, and connect communities with prevention resources. These efforts highlighted the shared commitment to addressing suicide as a critical public health issue.

Illinois Department of Public Health (IDPH)

The Illinois Department of Public Health played a central role during Suicide Prevention Awareness Month. The agency hosted six webinars on different aspects of suicide prevention, giving professionals and community members opportunities to learn more about prevention strategies and supports. IDPH also launched the *Pause to Heal* campaign, which focuses on educating the public about firearm restraining orders and safe firearm storage. To reach more people, this campaign was promoted at the Illinois State Fair. In addition, IDPH continued its partnership with the Veterans Administration to provide free gun locks across the state, helping families practice safe storage. The

department also awarded funding to 15 organizations to expand safe storage education, distribute locks, and train communities about the firearm restraining order law.

American Foundation for Suicide Prevention (AFSP)

The American Foundation for Suicide Prevention focused on community connection and public visibility. On September 14, AFSP hosted two large awareness walks: one in Cobden City Park in southern Illinois and another at Montrose Harbor in Chicago. These walks brought people together to honor loved ones lost to suicide, support those affected, and remind communities that resources and help are available.

Adams County Suicide Prevention Coalition

The Adams County Coalition developed a wide-reaching media campaign for Suicide Prevention Awareness Month. The campaign included 271 television messages, 200 radio messages, and advertisements on multiple streaming and digital platforms. They also aired 15 promotional spots on major networks, including NBC, FOX, CW, and MeTV. Beyond media outreach, the coalition partnered with faith leaders by sending letters to local clergy and asking them to speak about suicide during services held in recognition of Suicide Prevention Week. Letters were also sent to local newspapers to expand awareness further. The coalition renewed suicide prevention bus wraps to reach the public in everyday settings. In addition, they introduced a video resource for parents, developed with the Zero Suicide Institute and Parents to Parents, which was shared with hospitals and clinics to support families after a child experiences a suicide-related crisis.

Jared's Keepers Foundation

Jared's Keepers supported school leaders and mental health professionals by sponsoring their attendance at the Crisis Intervention Team Conference in Indianapolis at the end of September. This opportunity gave participants tools and knowledge to improve crisis response and suicide prevention strategies in Illinois schools.

Operation Obstacle (Decatur)

On September 21, Richland Community College in Decatur hosted the 4th Annual *Operation Obstacle*. This two-mile obstacle course race served as both a community event and a fundraiser, with all proceeds supporting veteran services. The event highlighted the importance of supporting veterans while also engaging the community in an active and positive way.

Activities by stakeholders conducted through the fiscal year (as shared during ISPA meetings)

988 Suicide and Crisis Lifeline Implementation

The 988 Suicide and Crisis Lifeline continued to expand its reach across Illinois during this reporting period. In August 2024, statewide call answer rates were 54%, reflecting operational changes following the July transition of backup call center responsibilities from Path to Centerstone, which now serves 85 counties. DuPage County maintained a strong 81.8% answer rate, while Lake County, a 24-hour center, reported 81.3%. The implementation of geo-routing was planned for September 2024 to direct calls more accurately based on cell tower location, with particular attention to Cook County's unique zip code structure. Discussions with Vibrant included assessments of expected call

volume changes, supported by traffic studies, while SAMHSA approval for a statewide communication plan was pending to support public awareness campaigns.

By November 2024, Illinois achieved a significant milestone with a 91.3% statewide answer rate—the highest recorded monthly rate, surpassing the SAMHSA funding requirement of 90%. Call centers handled nearly 12,000 calls in that month alone, while average response times improved from roughly 30 seconds to 24.7 seconds. Changes in reporting methods limited the availability of certain individual-level metrics, but overall performance indicated strong system stabilization and growing public accessibility. Text and chat services remained available 24/7, expanding outreach for individuals in crisis.

Illinois Department of Public Health (IDPH) Programs and Funding

IDPH continued to coordinate statewide suicide prevention programs and initiatives, providing leadership, funding, and technical support. Key programs included:

- **Project ECHO:** A video-based learning program connecting healthcare experts with community providers, which had trained over 7,500 providers since 2010. In 2025, a new workplace suicide prevention module was planned for launch.
- **Zero Suicide Academy:** Focused on creating safer clinical environments through evidence-based screening, risk assessment, and intervention practices.
- **CDC Comprehensive Suicide Prevention Grant:** Targeted high-risk populations, including men over 50 and females aged 10–19, with initiatives across local communities.
- **Gun Safety and Firearm Restraining Orders:** IDPH, in collaboration with the VA, distributed over 250,000 gun locks since June 2023, while promoting public campaigns like “Pause to Heal” to raise awareness about firearm restraining orders.
- IDPH also coordinated the **Illinois Children’s Mental Health Partnership**, following the passage of Public Act 103-0885. This law moved convening authority from a private entity to IDPH and required the Director of Public Health to co-chair. The partnership aims to strengthen coordination of children’s behavioral health services, aligning with the statewide Illinois Children’s Behavioral Health Transformation initiative. The public launch of the Beacon care portal in January 2025 marked a key step in providing families and providers with integrated care resources.

Illinois Violent Death Reporting System (IVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS)

IVDRS and SUDORS continued to expand county participation and improve the quality and timeliness of suicide and overdose data. Reports included demographic trends, method and circumstance analyses, and special focus areas such as youth suicide, veteran suicides, firearm-related deaths, and older adult populations. Findings guided prevention strategies, informed public awareness efforts, and highlighted disparities in rural and underserved communities. IVDRS dashboards provided actionable data for stakeholders across public health and community organizations, supporting targeted interventions.

School and Community-Based Initiatives

Community programs focused on early identification, intervention, and postvention efforts:

- **Douglas County Depression Screening Initiative** implemented ASQ and PHQ-9 screenings in schools, identified at-risk students, distributed biometric gun safes, and conducted CALM trainings. A new mentoring program was planned to support students at risk.
- **Elyssa's Mission and Suicide in Schools Model** focused on postvention in schools, providing staff and student training, memorial guidance, and risk monitoring protocols to foster safe, supportive environments following a suicide.
- **AllianceChicago** worked to improve the timeliness of mental health referrals, streamlining processes so individuals could access care quickly and effectively.
- **Safe2Help Illinois**, operated by the Illinois Emergency Management Agency, offered a confidential reporting platform for students, receiving over 1,600 incident reports in 2023 and anticipating more than 2,100 in 2024. Reports included bullying, suicidal ideation, and substance use, with triage categorized as Critical, Standard, or Other.

Prevention Training and Capacity Building

Prevention First provided extensive training programs, including QPR (Question, Persuade, Refer), Mental Health First Aid, AMSR, and SafeTALK. Training modalities included in-person sessions, self-paced online courses, and customized organizational options. Prevention First also hosted learning collaboratives modeled after the ECHO format, conducted an in-person suicide symposium, and developed asynchronous courses to expand access to education. By February 2025, over 11,000 individuals had completed QPR training, further building the statewide capacity to recognize and respond to suicide risk.

State and Federal Collaborative Efforts

- **Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families** focused on military cultural competency, coordination of care, peer support networks, and lethal means safety efforts. Training sessions offered continuing education opportunities and were delivered across multiple sites.
- **Office of Firearm Violence Prevention (OFVP)** invested more than \$342 million in 42 communities through over 300 grants, supporting programs such as the Peacekeepers Program and the Victims Flex Fund. These initiatives emphasized equity, community leadership, and culturally responsive programming, reporting measurable reductions in gun violence in targeted areas.
- **Illinois Coalition Against Domestic Violence (ICADV)** highlighted the intersection of domestic violence and suicide risk, promoting trauma-informed and person-first approaches. They encouraged collaboration between domestic violence services and suicide prevention programs, aiming for more inclusive, cross-sector strategies.
- **U.S. Department of Homeland Security – Center for Prevention Programs and Partnerships** and Minority Health Initiatives emphasized violence prevention and mental health access for underserved populations, supporting culturally informed outreach and community partnerships.

Legislative and Policy Updates

During this period, pending and enacted legislation included gun safety and firearm restraining orders, mental health coverage improvements, and support for trauma services in schools. Legislative updates were shared to ensure coordination with statewide prevention efforts and to guide programmatic responses.

Community Engagement and Events

Partner agencies hosted multiple local events, including mental health summits, suicide prevention walks, educational webinars, and awareness campaigns. Highlights included the Chicagoland Out of the Darkness Walk, Operation Obstacle Race, and Mental Health Power Hour webinars targeting men and LGBTQ+ communities. These events strengthened community engagement, increased public awareness of mental health and suicide prevention, and promoted access to available services.

Conclusion

The Illinois Suicide Prevention Alliance is committed to suicide prevention in Illinois and improving the mental health and well-being of the state's residents. As required by [Public Act 095-0109](#), the alliance is dedicated to overseeing the implementation of the Illinois Suicide Prevention Strategic Plan.

Next steps

Over the next five years, the alliance seeks to develop and enhance comprehensive suicide prevention, early intervention, and postvention programs and services throughout Illinois, building vital support across diverse communities.

The following initiatives are recommended next steps in carrying out the goals of the Illinois Suicide Prevention Strategic Plan, pending legislative funding:

- * **Develop Resources to Implement the Activities Outlined in the Suicide Prevention, Education, and Treatment Act, including the Establishment of State Funding Dedicated to the Prevention of Suicide.**
 - Project ECHO- University of Chicago (General Revenue Funds) (FY23, FY24, & FY25)
 - Suicide Prevention Summit/Workshop- Prevention First (General Revenue Funds) (FY25) June, 2025
 - Suicide Prevention Symposium- Prevention First (SAMHSA/ Garrett Lee Smith Grant) August 2024
 - Healthy Illinois 2028 Program- Deb Martin
 - Depression Screening- Douglas County Health Dept (SAMHSA/Garrett Lee Smith Grant)
 - Postvention Portal/free mental health treatment sessions- DuPage High School District 88 (SAMHSA/Garrett Lee Smith Grant)
 - Timely Referrals Process- AllianceChicago (SAMHSA/Garrett Lee Smith Grant)
 - Trainings- Prevention First (SAMHSA/ Garrett Lee Smith Grant)
 - Governors Challenge in-person training- Illinois Department of Human Services/Division of Mental Health November 2024, January 2025 & February 2025
 - Injury Prevention Strategic Planning- Jennifer Martin January 2025 & February 2025
- * **Integrate Suicide Prevention Strategies Within Other Federal, State, and Local Initiatives Addressing Individuals Throughout the Lifespan.**
 - CDC- Expansion of Comprehensive Suicide Prevention Across the U.S.
 - SAMHSA- Garrett Lee Smith State/Tribal Youth Suicide Prevention
 - Department of Home Land Security- CP3 Courses
 - Healthy Illinois 2028 Program
 - General Revenue Funds for Suicide Prevention
 - General Revenue Funds for Firearm Restraining Order & Safe Storage
- * **Increase Illinois' Systems Ability to Integrate Suicide Prevention Strategies Addressing Individuals Throughout the Lifespan.**
 - Mobil Crisis Program- Trinity Services, Inc.
 - Living Rooms- Trinity Services, Inc.
 - Suicide Prevention for First Responders & Families- Trinity Services, Inc.
 - University of Illinois Chicago Crisis Hub & Path

- * **Increase Support and Expansion of 9-8-8 Implementation, Emergency Mobile Crisis Response Teams, and Stabilization Units.**
 - Ann Marie's Law 988
 - Safe2Help- Illinois State Police and Illinois Emergency Management Agency
 - Jared's Keepers
 - Illinois Department Human Services/Division of Mental Health- 988 call centers
 - Crisis Intervention Team
 - Memorial Medical Center- Mental Health Mobil Crisis Unit

- * **Support, Enhance, and Expand Activities and Programs Aimed at Reducing Access to Lethal Means of Suicide Throughout Illinois, especially for those most at risk.**
 - Douglas County Health Department- Depression Screening (SAMHSA/Garrett Lee Smith Grant)
 - Prevention First- Reducing Access Toolkit in development (SAMHSA/Garrett Lee Smith Grant)
 - DuPage High School District 88- Postvention Portal (SAMHSA/Garrett Lee Smith Grant)
 - General Revenue Funds for Firearm Restraining Order & Safe Storage grantees
 - CDC: Comprehensive Suicide Prevention Grant- Reducing Access of Lethal Means Notice of Funding Opportunity post ended February 2025
 - RED Flag Law
 - Illinois Department Human Services/Division of Mental Health- Governors Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families (SAMHSA/VA)
 - Ducks Unlimited
 - Illinois Department of Public Health/ Violence and Injury Prevention Section - Gunlock program with U.S. Department of Veterans Affairs
 - 402 grant lethal means training – Trinity Services, Inc.
 - Fraternal Order of Police- gunlock distribution
 - AllianceChicago- Community Aspire Firearm Safe Storage Study (research team at AllianceChicago)

- * **Develop and Evaluate Five Model Suicide Prevention Comprehensive Pilot Programs when funds are appropriated (three-year programs)** - To develop and to evaluate five model, comprehensive programs statewide that include suicide prevention, intervention, and postvention to provide replicable, evidenced-based outcomes that other communities and service providers can use with adaptations.

- * **Implement a Suicide Prevention, Early Intervention, and Training Initiative Aimed at All Aspects of the Lifespan** - To provide the following specific services:
 - 1) To develop and enhance community gatekeepers' capacity statewide through community-based mini-grants to increase suicide prevention and early intervention skills.
 - SAMHSA/Garrett Lee Smith Grant- Prevention First: Mental Health First Aid, Youth Mental Health First Aid, Teen Mental Health First Aid, QPR, SafeTalk, Assessing and Managing Suicide Risk

- Trinity Services, Inc – Mental Health First Aid, Teen Mental Health First Aid & QPR
 - Jared’s Keepers- provides training
 - FEMA
- 2) To assess the state's current capacity and network of crisis lines.
 - Illinois Department of Human Services/Division of Mental Health- 988
- 3) To enhance professional development abilities among multiple disciplines, especially mental health, social service, clergy, first responders, and school personnel through a statewide conference on suicide prevention.
 - United Methodist & Catholic Churches
 - SoulShop
 - Illinois Department Human Services/Division of Mental Health- Governors Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families (SAMHSA/VA) in person training (November 2024, January 2025 & February 2025)
 - Google, Meta, Social Media Platforms
- 4) To develop, to enhance, and to support suicide prevention education throughout higher education curricula in professions that have the opportunity to assess or intervene in an individual’s mental health status and suicidal intentions, including, but not limited to, social workers, teachers, and medical professionals.
 - SEL program (social emotional learning)
 - SAMHSA/Garrett Lee Smith Grant- Prevention First
 - Illinois State Board of Educators
- * **Continue to Implement the Suicide Prevention Public Awareness Campaign** - To support and to expand the statewide public awareness campaign to reduce the stigma of suicide; to increase awareness of risk factors, including mental illnesses; and to promote linkage to human services for at-risk individuals.
 - i) Mini-grants to implement the campaign at the local level.
 - ii) Encourage agencies to promote the campaign within their initiatives.
 - iii) Focus on individuals throughout the lifespan.
- * **Develop and Implement a Suicide Prevention Community Outreach Initiative Including Diverse Groups Throughout the Lifespan** - To build capacity across the state to promote local suicide prevention efforts by building/expanding new effective and efficient coalitions and partnerships.
 - i) Develop and support workplace wellness and workplace development programs that support, expand, and retain behavioral health personnel and those involved in suicide prevention efforts.
 - VA Outreach – veterans at all stages of their life and journey; newly transitioned from military through middle aged, and senior veterans.
- * **Improve and Implement Suicide Prevention School-based Initiatives** - To support and to build the following school-based initiatives:
 - i) Professional development related to suicide prevention.
 - Illinois Department of Public Health/ Violence and Injury Prevention Section, Illinois State Board of Educators, and the University of Chicago- QPR and Assessing Managing Suicide Risk trainings for school personnel and teachers.

- SAMHSA/Garrett Lee Smith Grant- Prevention First: suicide prevention trainings for school personnel and higher education.
 - ii) Assist school districts to develop and to implement suicide prevention initiatives within their curricula, increase in-school mental health support, conduct staff development, and educate students and parents/other caregivers.
 - Illinois State Board of Educators- resources and website
 - Jared's Keepers- train youth to be peer support, facilitate assemblies about anti-stigma, strong support and resources for schools
 - iii) Expand youth-based initiatives within schools, higher education, juvenile justice, and correctional settings.
- 1) **Improve Suicide Prevention Data Collection and Analysis** - To provide the following services:
- i) Maintain, expand, and support the Illinois Violent Death Reporting System (IVDRS) statewide to collect more effective and accurate data on suicide deaths in all counties.
 - ii) Work with an epidemiologist to analyze suicide attempt data statewide, to train providers on how to collect better data, and to provide reports on data by county.
 - SAMHSA/Garrett Lee Smith Grant- AllianceChicago: Timely Referrals data analysis
 - Illinois Department of Public Health- Firearms and Violent Death data dashboards
- 2) **Support Suicide Prevention Evaluation and Research** - To support research-based evaluation methods and technical assistance to plan for replication of suicide prevention efforts according to outcome measures.

Illinois Suicide Prevention Alliance (ISPA)

Members in FY25

Suicide is a complex issue with multiple, interrelated causes rooted in both the individual and the environment. One agency cannot address this complex issue, so it is essential to develop collaboration between agencies. The alliance embraced this approach, which is reflected in the multidisciplinary membership.

APPOINTED MEMBER	REPRESENTING:	AGENCY
Jenna Farmer-Brackett	Suicide Prevention Program serving rural communities	Centerstone
Chuck Johnson	Illinois Hospital Association	Blessing Hospital System
Amber Clark	Representing veteran services	Illiana U.S. Department of Veteran's Affairs
Eric Davidson	Higher education	Eastern Illinois University
Kim Godden	First Responder Professions	Superior Ambulance
Angie Thinnes	Attempt Survivors and consumers of mental health services	
Steven Lomelino	Attempt Survivors and consumers of mental health services	
Hannah Jordan	Representing veteran services	
Jack Rein	Organization Representing Suicide Prevention	
Beth Morrison	Suicide Prevention Organization	American Foundation for Suicide Prevention
Andy Wade	Promoting the Improvement of Mental Health Treatment	NAMI Illinois
Christopher Balthazar	LGBTQ+	Taskforce Prevention and Community Services
Deb Martin	Survivors of Suicide Loss	Jared's Keepers
Rafiah Maxie-Cole	Survivors of Suicide Loss	Soul Survivors of Chicago
Sarah Horrell	Survivors of Suicide Loss	
Cynthia Paidipati	Researcher in Suicidology	Loyola University
Randyl Wilkins	Organization Representing Suicide Prevention	Prevention First
Megan Tyler	Organization Promoting the Improvement of Mental Health	
Tracy Levine	Organization Promoting the Improvement of Mental Health	NRCI at The Chicago School

Brandi Young	Organization Promoting the Improvement of Mental Health
Dawn Steward	Inpatient Behavioral Health Care Organization
Bonnie Hassan	Outpatient Behavioral Health Care Organization
Janeth Barba	Community Health Organization
Donna Nahlik	Healthcare System
Dr. Nabil Abou Baker	State Association Representing Primary Medical Providers
Tandra Rutledge	Faith-based Organization
Katie Wilson	Organization Providing a Frontline Grassroots Perspective
Sarina Thate	American Indian Healthcare System
Otyhunwahe DiMaso	

Ex-Officio Members

Dr. Teresa Glaze	Illinois Department of Human Services, Division of Mental Health
Julia Strehlow	Illinois State Board of Education
Sarah Littrell	Illinois State Board of Education
Brian Kieninger	Illinois Department of Public Health, Division of Emergency Preparedness and Highway Safety
Dana Wilkerson	Illinois Department on Aging
Colonel Marcus Gipson	Illinois State Police
Dr. Melvin Hinton	Illinois Department of Corrections
Dr. Erin Alexander	Illinois Department of Children and Family Services
Dr. Alda Leavy-Skinner	Illinois Criminal Justice Information Authority
Margo Watson	Illinois Department of Veterans Affairs
Glenda Gallisath	Illinois Board of Higher Education
Samantha Alonis	Illinois Department of Human Services: Division of Substance Use Prevention and Recovery
Chima Obidiegwu	Illinois Department of Human Services: Division of Substance Use Prevention and Recovery
Monique Anawis	Office of the Attorney General
Jill McCamant	Illinois Department of Public Health, Division of Emerging Health Issues, Office of Health Promotion, Violence, and Injury Prevention Section

THE FOLLOWING PEOPLE PARTICIPATED IN A FULL ALLIANCE MEETING OR WORKGROUP MEETING

STAKEHOLDERS	AGENCY
Aaron Henry, Carelon Behavioral Health	
Aaron Lenaghan, DuPage High School District 88	

Amanda Burnside, Ann & Robert H. Lurie Children's Hospital of Chicago
 Amanda Minor, Douglas County Health Department
 Amanda Hosey
 Amber Clark, Community Engagement Partnership Coordinator, Illiana U.S. Department of Veterans
 Amie Nogami
 Amit Thaker, Referral GPS
 Amy Hall, Illinois Department of Public Health
 Andrew Lerch, Section Chief of Men's Health, Illinois Department of Public Health
 Andy Wade, National Alliance on Mental Illness, Illinois
 Angie Thinnies, Thresholds Community Mental Health Center
 Beth Morrison, American Foundation for Suicide Prevention, Southern Illinois University Carbondale
 Bonnie Hassan, Trinity Services, Inc.
 Brian Kieninger, Region 3 EMS Coordinator, Illinois Department of Public Health, Division of EMS and Highway Safety
 Chima Obidiegwu, Illinois Department of Public Health, SUPR
 Christopher Balthazar, Taskforce Prevention and Community Services
 Chuck Johnson, Blessing Hospital
 Claire Farnsworth, Centers for New Horizons
 Claire Farnsworth, Prevention First
 Coleen Moore, LCPC, Vice President of Clinical Services at Lifelong Access, Normal IL
 Cynthia Paidipati, Clinical Assistant Professor, School of Nursing, Loyola University Chicago
 Daniel Johnson, Professor of Pediatrics, University of Chicago, Founder and Director of Extension for Community Health Outcomes Chicago
 Deb Martin, President and Co-Founder, Jared's Keepers
 Eric Davidson, Executive Director Health and Counseling Service, Director Illinois Higher Education Center for AODV Prevention, Eastern Illinois University
 Fran Reyes, Illinois Coalition Against Domestic Violence
 Jack Rein, Director of MTSS Cicero District 99
 Jackie Mathias, McLean County Jail
 Jacob Bradshaw, Carelon Illinois Mental Health
 Jae'Da Miller
 Janeth Barba, Family Services Association, Elgin
 Jason Sanford, Department of Human Services, Security, Regional Prevention Coordinator, US Department of Homeland Security
 JB
 Jenna Farmer-Brackett, Centerstone
 Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics
 Jennifer Martin, Injury Prevention Project Manager, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues, Violence, and Injury Prevention Section

Jenniffel Ramirez
 Jessica Gall-Adediran, Illinois Emergency Management Agency
 Jessica Gimeno, Access Living
 Jessie Heise, Community Engagement & Partnerships Coordinator, Jesse Brown U.S. Department of Veterans Affairs
 Jill McCamant, Suicide Prevention Coordinator, Illinois Department of Public Health, Office of Health Promotion, Division of Emerging Health Issues, Violence, and Injury Prevention Section
 Jonathan Singer, PhD, Loyola University
 Judy King, Community Mental Health Board of Chicago
 Julia Howland, Child and Adolescent Epidemiologist, Illinois Department of Public Health
 Julia Strehlow, Illinois Board of Education
 Julia Strehlow, Senior Advisor to the Director, Illinois Department of Public Health
 Julianna Mitrius
 Kait Kuzio
 Kaitlyn Wilson
 Katie Kelly, Illinois Violence Death Reporting System
 Kellie Henrichs, Prevention First
 Kimberly Godden, Illinois State Ambulance Association/ Superior Ambulance
 Kira Berkoff, Hope for the Day
 Kristin Becker
 Kristen Smith, Rush University
 Kyra VanDoren, AllianceChicago
 Liz Gonzalez, AllianceChicago
 Lucy Craycroft, Social Service Program Planner, Illinois Department of Human Services Division of Mental Health, Policy, Planning, and Innovation
 Marcus Gipson, Illinois State Police
 Maryann Mason, Northwestern University, Illinois Violent Death Reporting System
 Melissa Stalets, Deputy Director, Illinois Department of Public Health, Office of Health Promotion
 Melvin Hinton, Illinois Department of Corrections
 Michelle Langlois, Jesse Brown U.S Department of Veterans Affairs, Suicide Prevention Program
 Miranda Scott, Illinois Department of Public Health, Office of Women's Health and Family Services, School Health Program
 Nabil Abou Baker, University of Chicago, Assistant Professor of Internal Medicine and Pediatrics
 Nadia Sharara, MA, NCC, LPC
 Neva Wright, Graduate Intern, Illinois Department of Public Health, Office of Health Promotions, Division of Emerging Health Issues, Violence, and Injury Prevention Section
 Nicole Webb, Memorial Behavioral Health
 Olapeju "Paige" Lawal, Illinois Department of Public Health, School Health Nurse Consultant
 Pedro Medina, Evaluator, Illinois Department of Public Health, Division of Emerging Health Issues, Violence and Injury Prevention Section
 Rafiah Maxie, Soul Survivors of Chicago

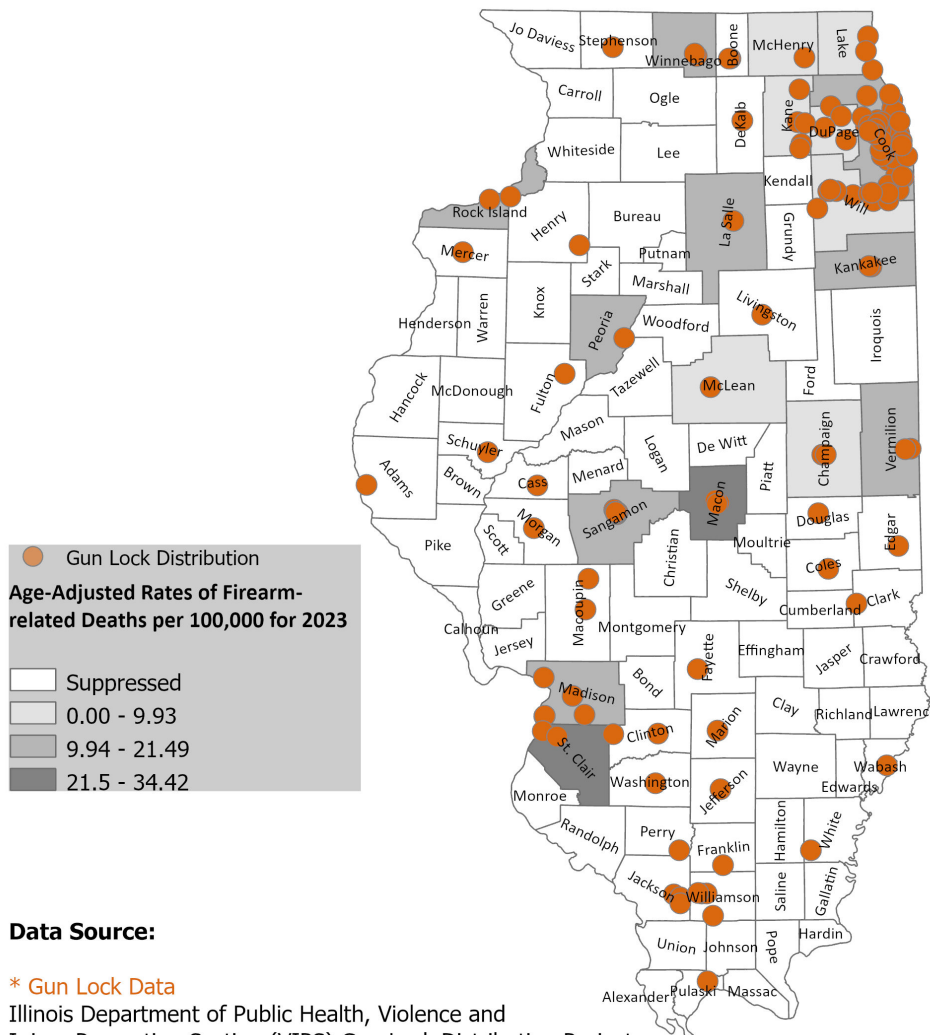
Randyl Wilkins, Mental Health and Youth Engagement Specialist at Prevention First
Samantha Alonis, Deputy Director, Illinois Department of Human Services, Division of
Substance Use Prevention and Recovery
Samantha Dickerson, Coalitions Against Domestic Violence
Sarah Horrell
Sarah Littrell, Illinois State Board of Education
Sarah Patrick, Division Chief, Illinois Department of Public Health, Office of Health Promotion,
Division of Emerging Health Issues
Sarah Schroeder, Illinois Department of Human Services, Division of Mental Health
Sarina Thate OThurjwahe DiMaso, American Indian Health Services of Chicago
Shalisha Hill, Proviso Township, Youth Services Department
Shelly Sital, AllianceChicago
Steven Lomelino
Tandra Rutledge, Soul Shop
Teresa Glaze, Statewide Chief of Social Work, Illinois Department of Human Service, Division of
Mental Health
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Trang Pham-Smith, Advocate Children's Hospital
Valerie Wyant, Elyssa's Mission
Victoria Freier

Copies of this report are available at
<http://dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention>

Appendix I:

Cable Gun Lock Distribution Map

Distribution of Cable Gun Locks Overlaid with Age-Adjusted Rates of Firearm-Related Deaths by County, Illinois, July 1, 2024-June 30, 2025



Thank you to the U.S. Department of Veteran Affairs for their support in supplying the cable gun locks.

88,400
Total Number of Locks

Data Source:

* Gun Lock Data

Illinois Department of Public Health, Violence and Injury Prevention Section (VIPS) Gun Lock Distribution Project Data

* Age-Adjusted Rates of Firearm-related Deaths (2023)

National Center for Injury Prevention and Control, CDC
Accessed on March 2025



Unstable AGE-Adjusted Rates of Firearm-related Deaths

Adams, Alexander, Bond, Boone, Bureau, Carroll, Cass, Christian, Clark, Clinton, Coles, Crawford, Cumberland, DeKalb, De Witt, Douglas, Edgar, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Grundy, Hancock, Henry, Iroquois, Jackson, Jefferson, Jersey, Jo Daviess, Johnson, Kendall, Knox, Lawrence, Lee, Livingston, Logan, McDonough, Macoupin, Marion, Marshall, Mason, Massac, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Perry, Piatt, Pike, Pulaski, Putnam, Randolph, Richland, Saline, Shelby, Stark, Stephenson, Tazewell, Union, Warren, Washington, Wayne, White, Whiteside, Williamson, Woodford

Appendix II:

Illinois Suicide Data

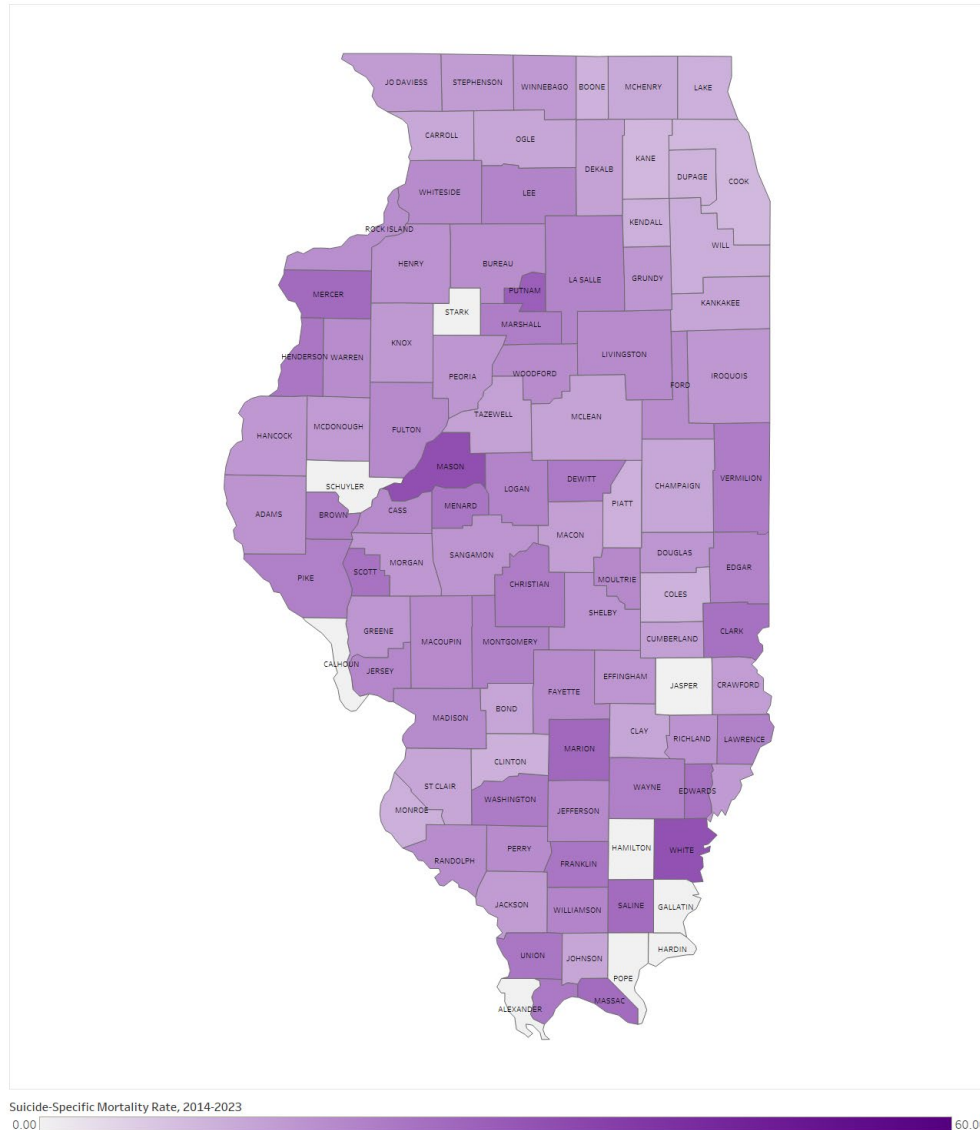
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Illinois Suicide-Specific Mortality Rates by County, 2014-2023

Suicide-specific mortality rates were calculated per 100,000 persons using number of suicides between 2014 and 2023 stratified by county of residence. Figure 1 shows suicide specific mortality rates among all persons 10 years of age and older. Mason county had the greatest rate of 33.5 per 100,000 persons, followed by White and Putnam Counties with 32.8 and 29.4 per 100,000 persons, respectively.

Figure 1: Illinois Suicide-Specific Mortality Rates per 100,000 Persons by County Among Individuals of All Ages 10 and Older, 2014-2023^{1,2,3}

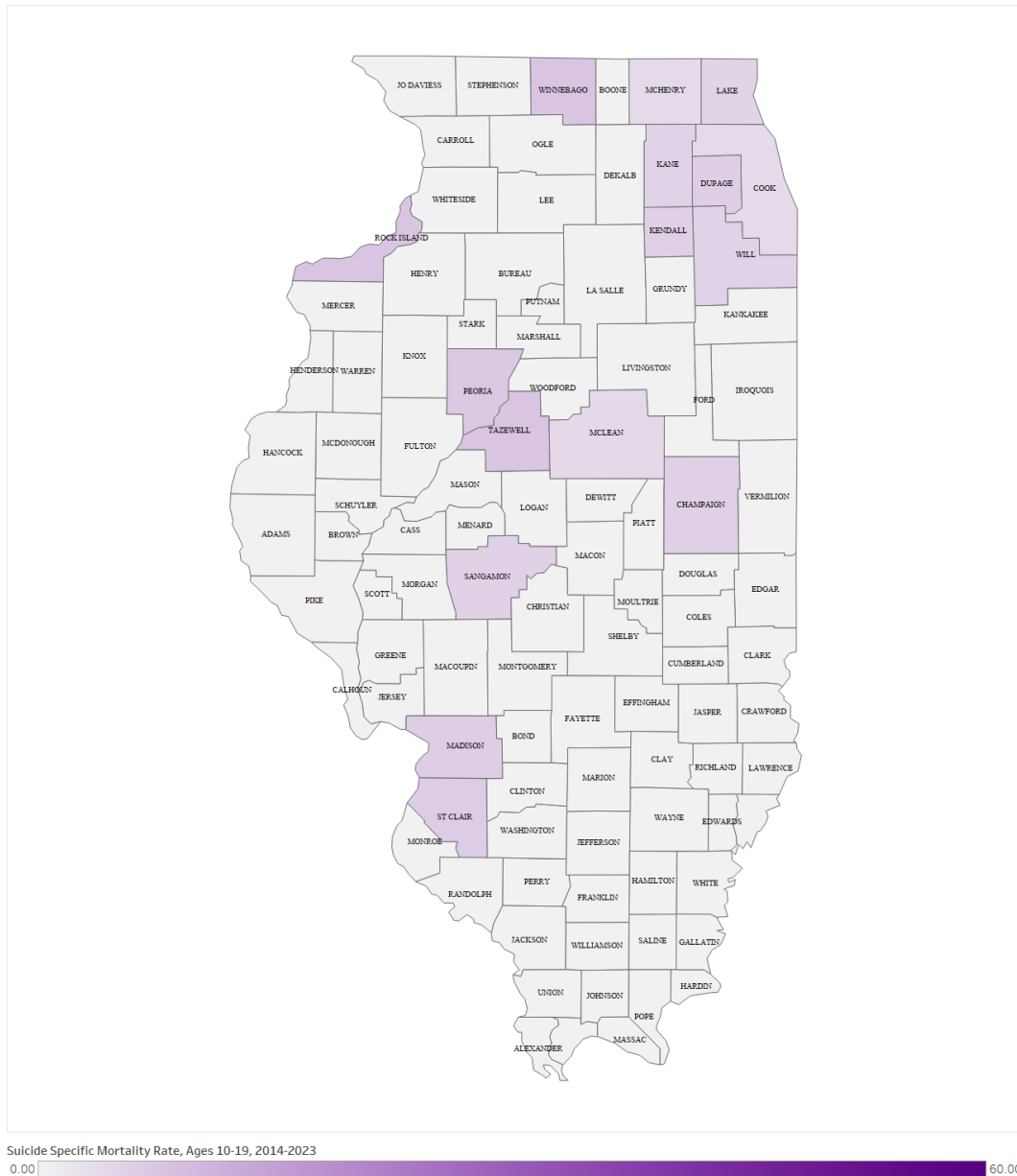


*County rate reflects zero and is not shown or calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 for individuals aged greater than or equal to 10 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective ages. Created August 2025.

Figure 2 shows suicide specific mortality rates among persons 10 to 19 years of age. Winnebago, Tazewell, and Rock Island counties had the greatest rates at 7.7 per 100,000 persons.

Figure 2: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals Aged 10–19 years, 2014–2023^{1,2,3}

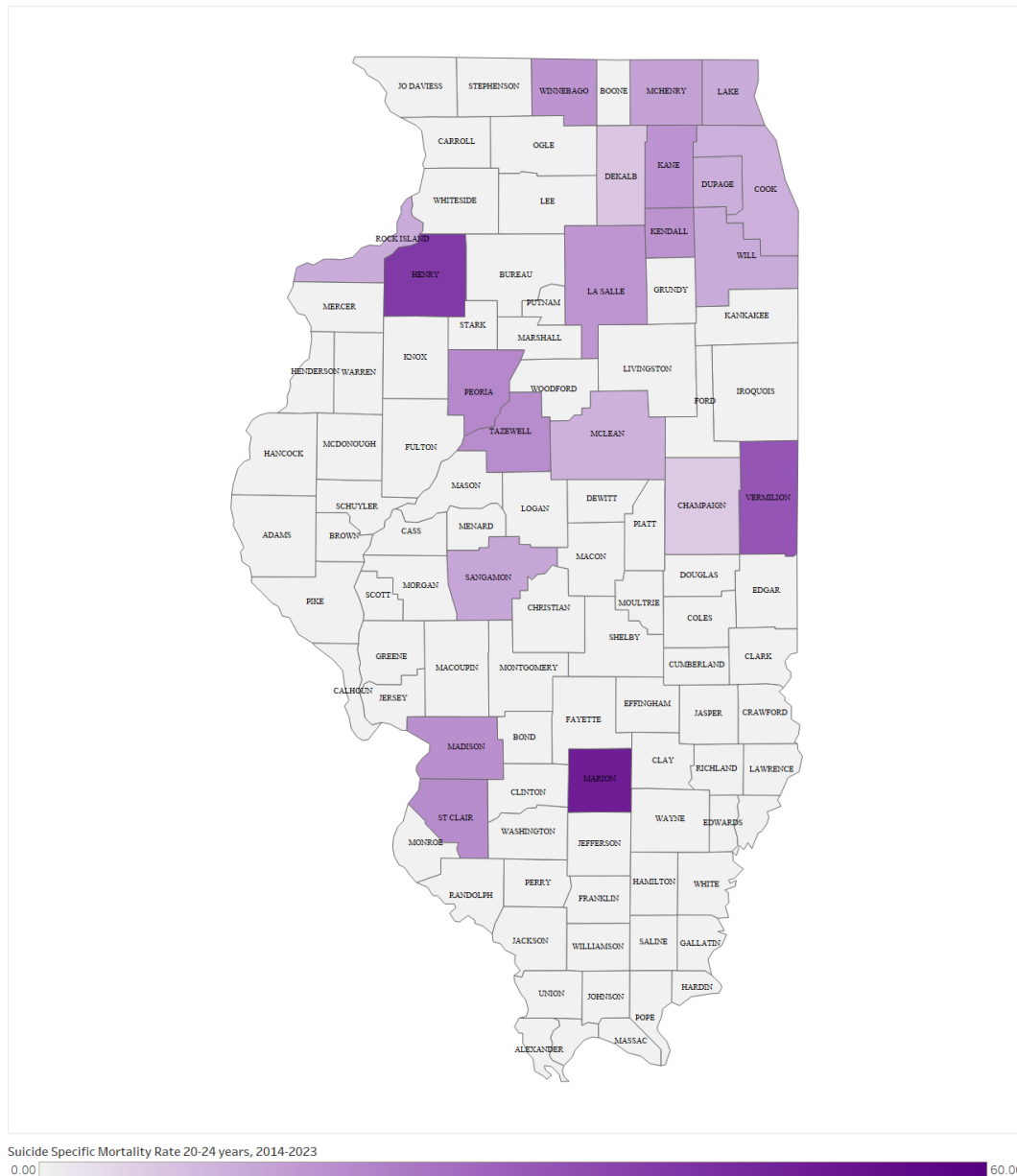


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 10-19 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 3 shows suicide specific mortality rates among persons 20 to 24 years of age. Marion county had the greatest rate of 48.3 per 100,000 persons, followed by Henry and Vermillion counties with 39.7 and 32.0 per 100,000 persons, respectively.

Figure 3: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 20-24 years, 2014-2023^{1,2,3}

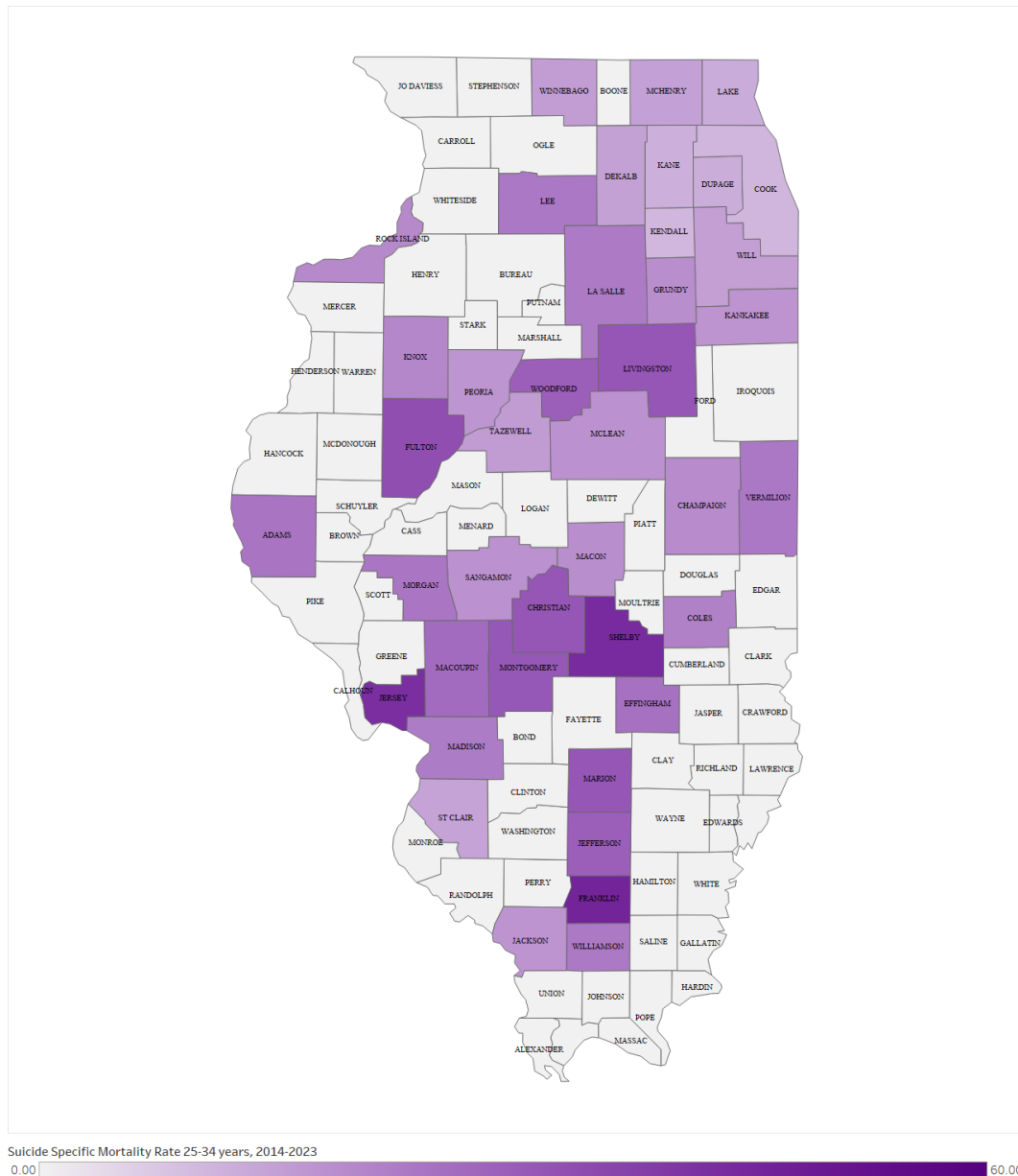


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 20-24 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 4 shows suicide specific mortality rates among persons 25 to 34 years of age. Franklin county had the greatest rate of 46.0 per 100,000 persons, followed by Shelby and Jersey counties with 43.8 and 42.6 per 100,000 persons, respectively.

Figure 4: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 25-34 years, 2014-2023^{1,2,3}

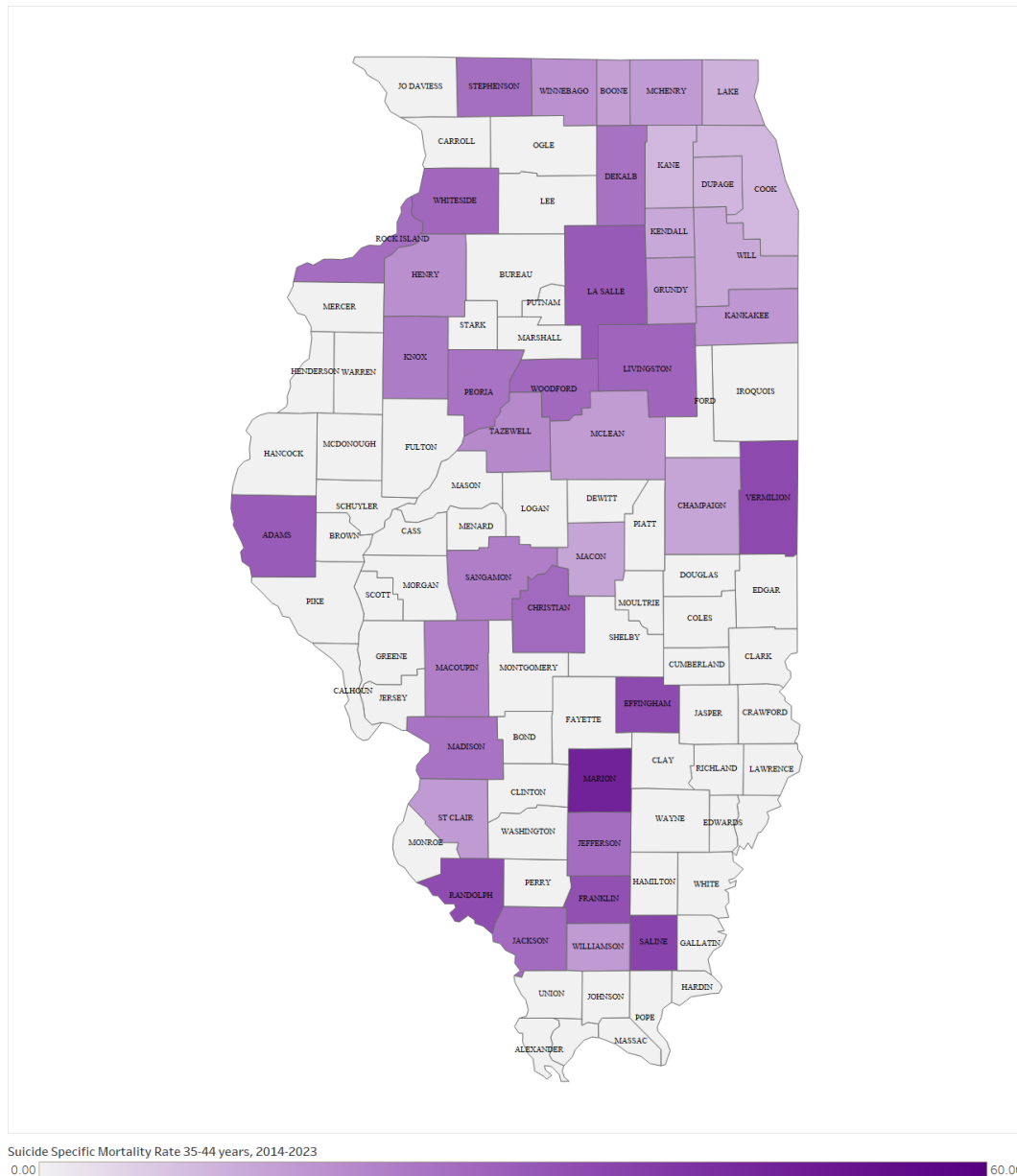


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 25-34 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 5 shows suicide specific mortality rates among persons 35 to 44 years of age. Marion county had the greatest rate of 46.6 per 100,000 persons, followed by Saline and Vermilion counties with 36.4 and 35.1 per 100,000 persons, respectively.

Figure 5: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 35-44 years, 2014-2023^{1,2,3}

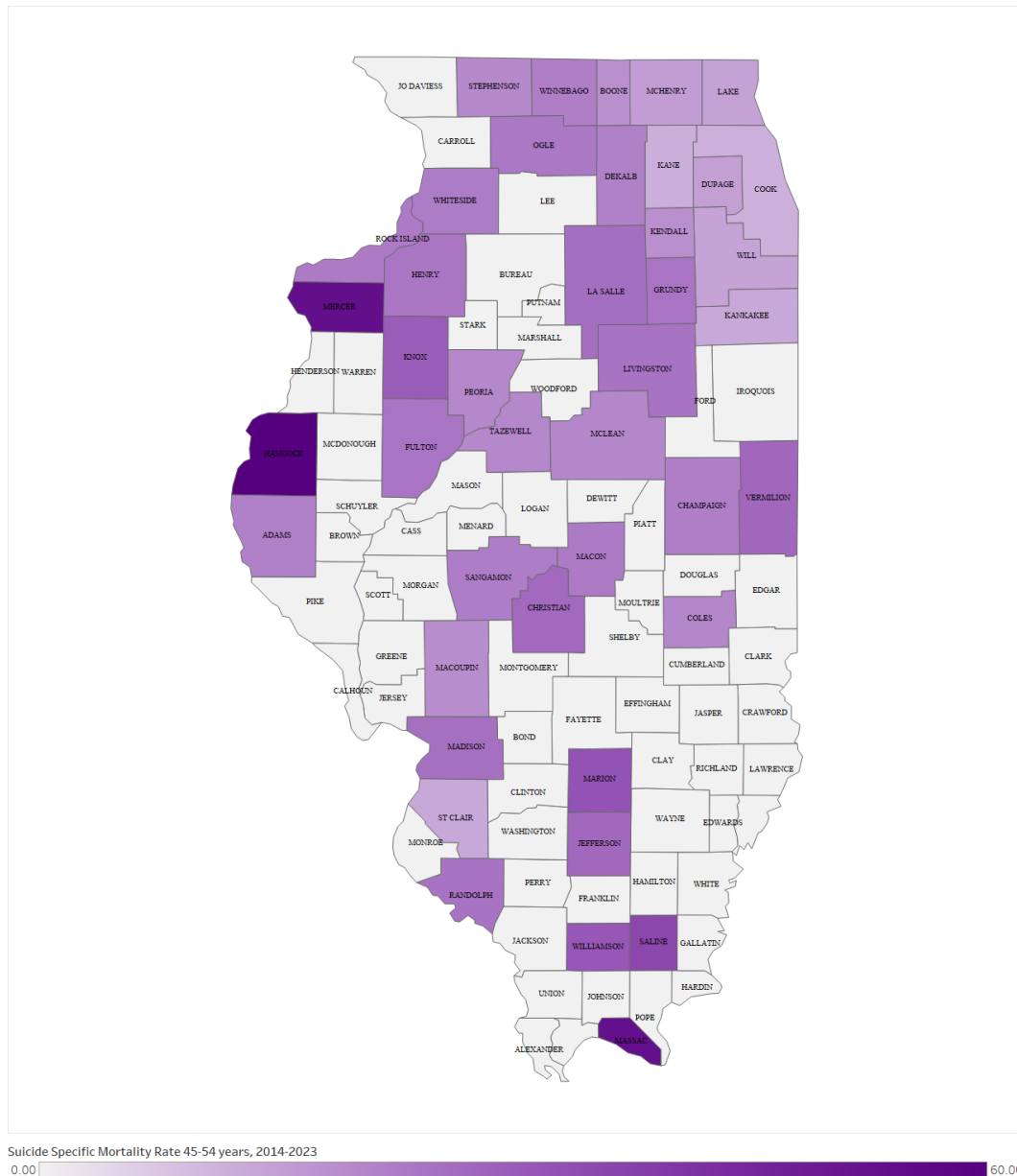


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 35-44 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 6 shows suicide specific mortality rates among persons 45 to 54 years of age. Hancock county had the greatest rate of 60.3 per 100,000 persons, followed by Mercer and Massac counties with 53.5 and 53.1 per 100,000 persons, respectively.

Figure 6: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 45-54 years, 2014-2023^{1,2,3}

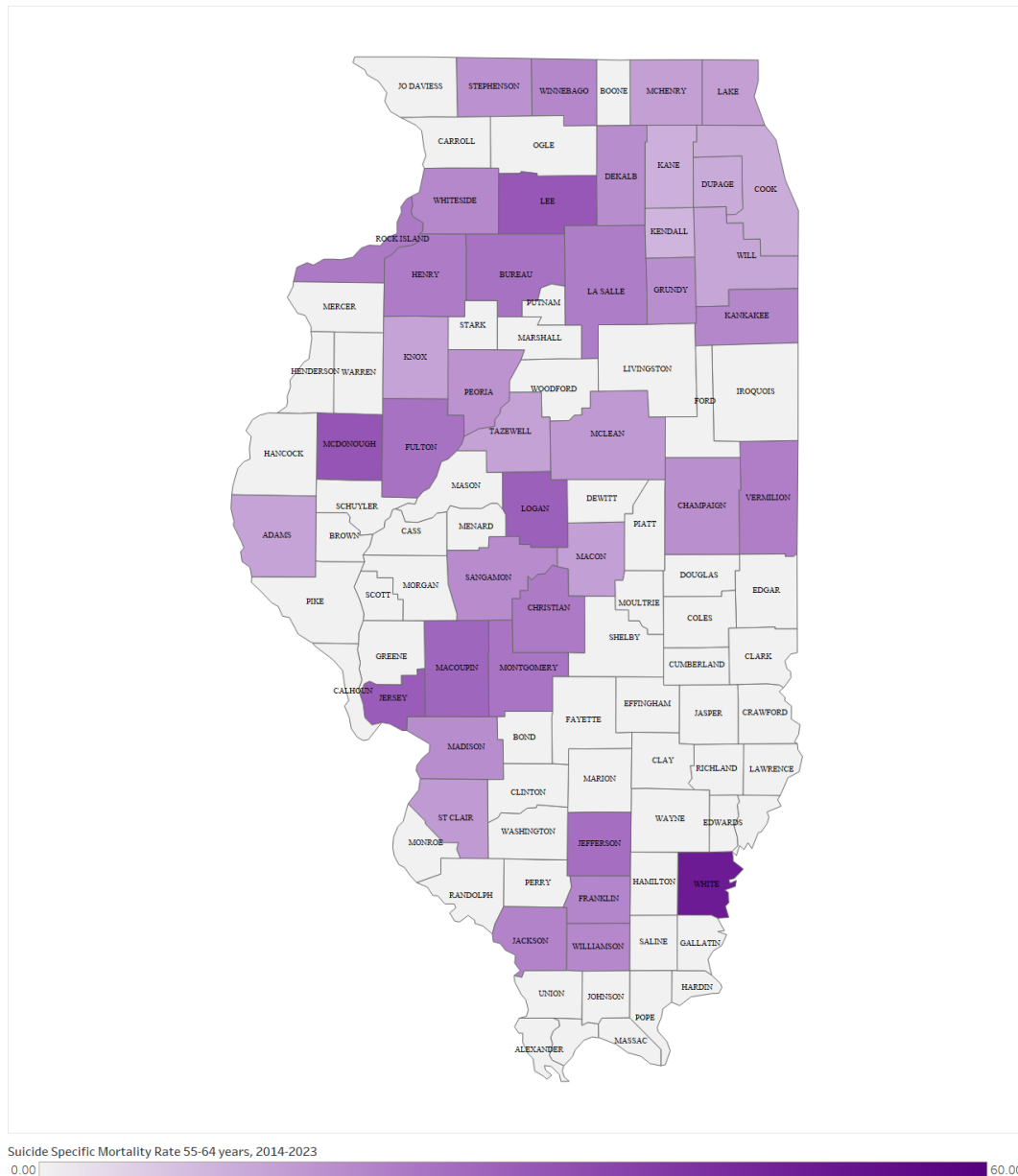


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 45-54 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 7 shows suicide specific mortality rates among persons 55 to 64 years of age. White county had the greatest rate of 48.8 per 100,000 persons, followed by McDonough and Lee counties with 31.9 and 31.3 per 100,000 persons, respectively.

Figure 7: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 55-64 years, 2014-2023^{1,2,3}

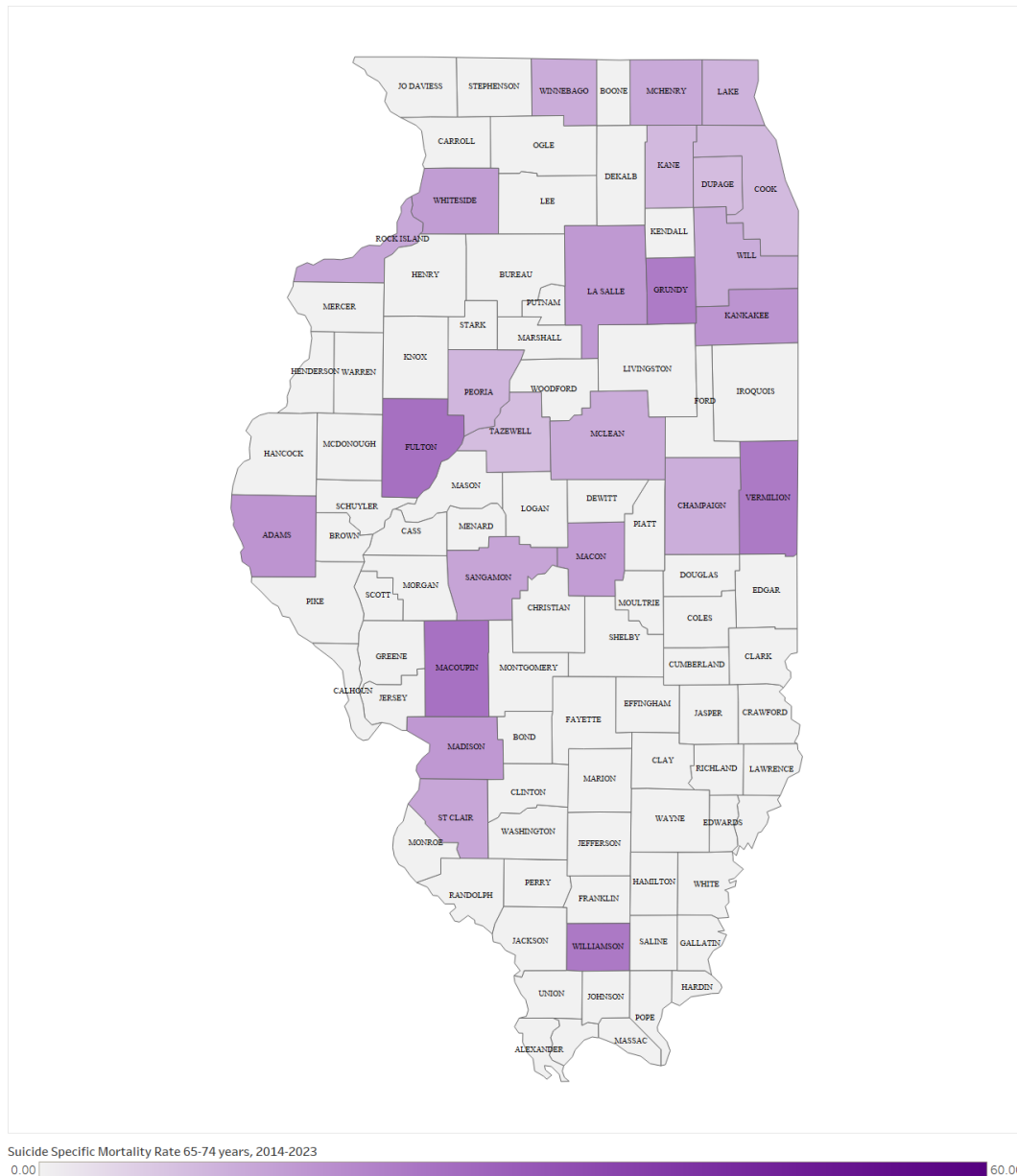


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 55-64 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 8 shows suicide-specific mortality rates among persons 65 to 74 years of age. Fulton county had the greatest rate of 25.3 per 100,000 persons, followed by Macoupin and Williamson counties with 25.0 and 23.2 per 100,000 persons, respectively.

Figure 8: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 65-74 years, 2014-2023^{1,2,3}

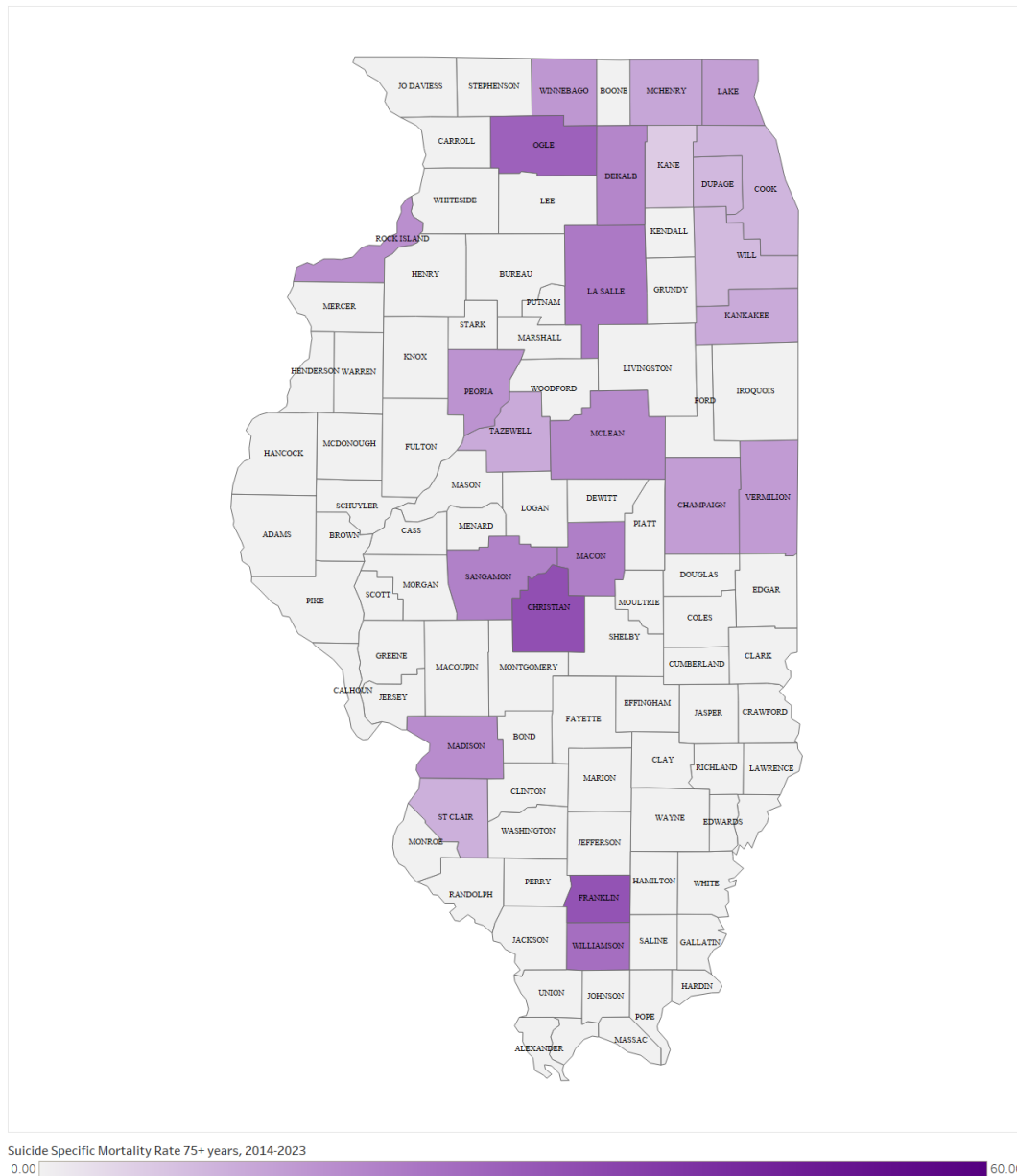


*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 65-74 years and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created August 2025.

Figure 9 shows suicide-specific mortality rates among persons 75 years of age and older. Christian county had the greatest rate of 33.4 per 100,000 persons, followed by Franklin and Ogle counties with 32.5 and 28.8 per 100,000 persons, respectively.

Figure 9: Illinois Suicide-Specific Mortality Rates per 100,000 persons by County among Individuals aged 75 Years and Older, 2014-2023^{1,2,3}



*County rate reflects zero and was not calculated where total number of suicides between 2014 and 2023 did not reach 10.

**Note: Suicide-Specific Mortality Rate calculated per 100,000 individuals using the total of all suicides in Illinois in 2014 through 2023 among individuals aged 75 years and older and the sum of all mid-year population estimates by county in 2014 through 2023 for the respective age group. Created October 2025.

Cost of Suicide and Self-Harm Injuries and Fatalities

The costs of suicide fatalities in Illinois were assessed using 2021 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Based on the reported 1,567 suicide deaths in Illinois in 2023, associated medical costs made up \$8.78 million of the combined \$16.44 billion cost.

Illinois specific cost data was unavailable for nonfatal self-harm related emergency department visits and nonfatal self-harm hospitalizations through CDC's Cost of Injury data module; however, national costs are shown.

*Table 1: Cost of Suicide Fatalities in Illinois, 2023*⁴*

Intent	Deaths	Total Medical Cost	Total Value of Statistical Life	Total Combined Cost
Suicide	1,567	\$8.78 M	\$16.43 B	\$16.44 B

*Table 2: National Costs of Self-Harm Emergency Department Visits, 2023*⁴*

Intent	ED Visits	Total Medical Costs	Total Work Loss Costs	Total Quality of Life Loss Costs	Total Combined Cost
Self-Harm	177,978	\$1.77 B	\$172.66 M	\$3.54 B	\$5.48 B

*Table 3: National Costs of Self-Harm Hospitalizations, 2023*⁴*

Intent	Hospitalizations	Total Medical Costs	Total Work Loss Costs	Total Quality of Life Loss Costs	Total Combined Cost
Self-Harm	298,184	\$11.08 B	\$2.93 B	\$10.68 B	\$24.68 B

*NOTE: Abbreviations: \$B = Billions; \$M = Millions; ED = Emergency department; ED = Emergency Department. Currency year and time horizon: Costs are 2021 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the 1 year following the ED injury visit. State-level cost estimates were unavailable for non-fatal visits.

Suicide-Related Injury Deaths in Illinois

Suicide makes up the second greatest number of injury-based deaths by intent. The total number of suicide deaths in Illinois increased by 6% from 8,680 in 2017 to 10,029 in 2023 (Table 4).

Table 4: Numbers of Illinois Injury Deaths by Intent, 2017 and 2023 ^{1,5}

Intent	2017	2023
Total Injury Deaths	8,680	10,029
Accident	5,956	7,162
Suicide	1,473	1,561
Homicide	1,103	1,157
Undetermined	137	133
Legal Intervention/War	11	16

NOTE: Injury deaths classified by intent using National Center for Health Statistics 2020 Manual for Tabulating Mortality Statistics by Underlying Cause-of-Death⁵.

There have also been changes to the percentages of suicide deaths by mechanisms of suicide in Illinois. In 2017, 39.2% of all Illinois suicide deaths were caused by firearms. This increased to 43.9% of all suicide deaths in 2023. Alternatively, the percentages of suicides from suffocation and poisoning mechanisms have decreased. Overall, the number of suicides recorded in 2023 has increased from those recorded in 2017 for total suicides, firearm-related suicides, and other suicide mechanisms (Table 5).

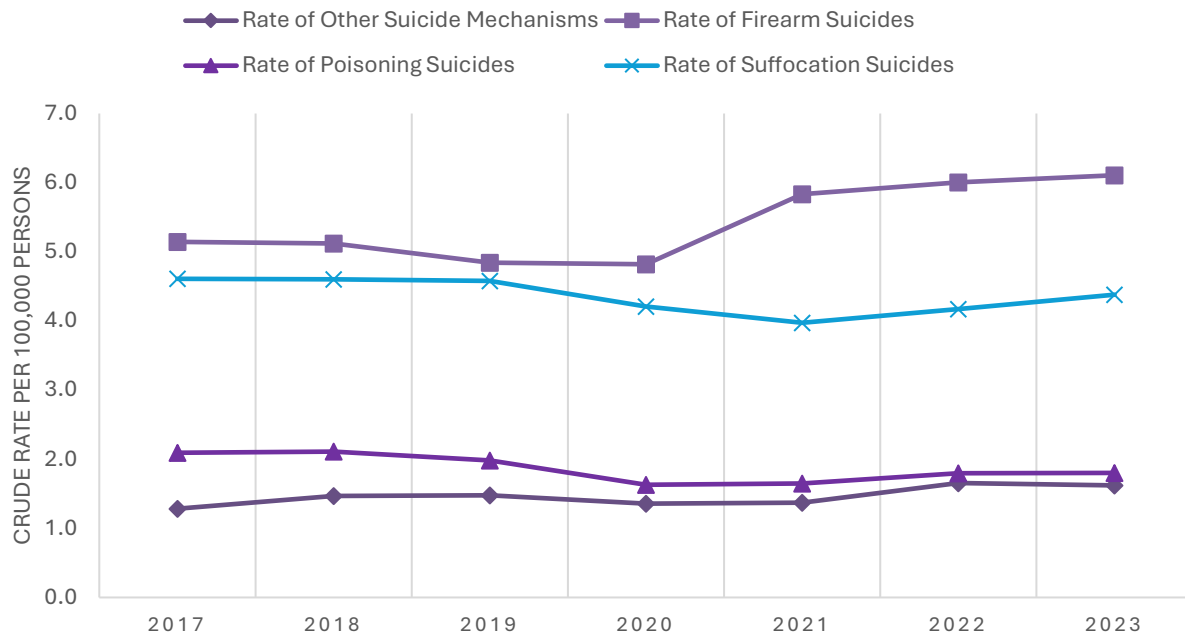
Table 5: Numbers of Suicide Deaths in Illinois by Mechanism, 2017 and 2023 ^{1,5}

Mechanism	2017	2023
Total Suicide Deaths	1,473 (100%)	1,561 (100%)
Firearm	577 (39.2%)	685 (43.9%)
Suffocation	517 (35.1%)	492 (31.5%)
Poisoning	235 (16.0%)	202 (12.9%)
All Other Suicide Mechanisms	144 (12.6%)	182 (15.9%)

NOTE: The percent of all suicide deaths by mechanism in each calendar year is reported in parentheses immediately after the counts of suicide by mechanism. Injury deaths were classified by mechanism using National Center for Health Statistics 2020 Manual for Tabulating Mortality Statistics by Underlying Cause-of-Death⁵.

Rates of suicide by mechanism are shown in Figure 10. Rates of firearms-related suicides were consistently the greatest among mechanisms of suicide deaths in Illinois between 2017 and 2023, increasing by 19% during this time. Suffocation has been the second leading mechanism of suicide each year in Illinois followed by poisonings and other mechanisms.

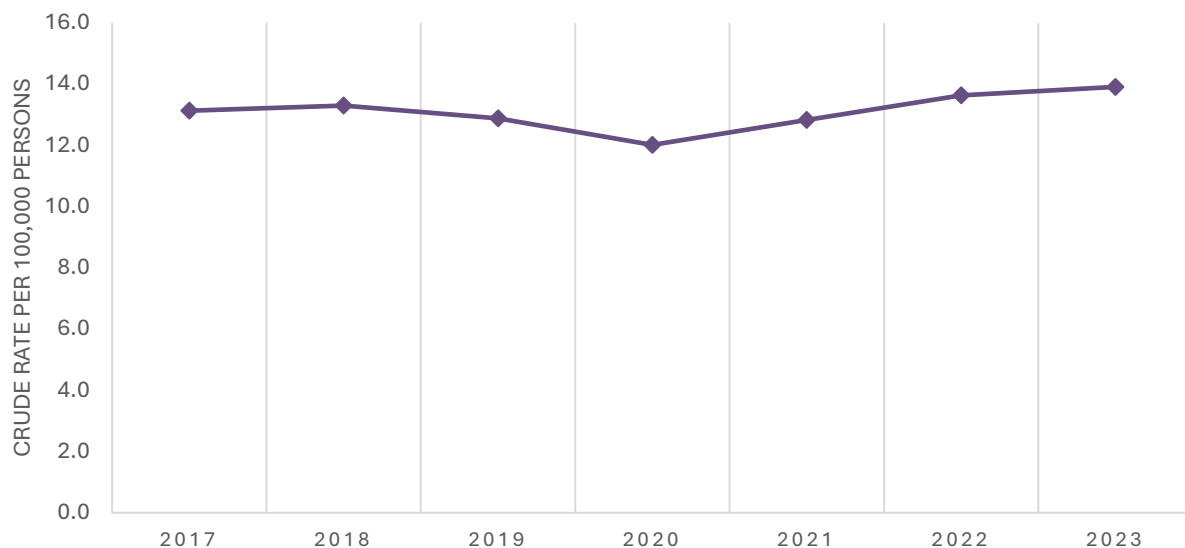
Figure 10: Illinois Crude Rates of Suicide per 100,000 Persons by Suicide Mechanism Among Persons Aged 10 and Older, 2017-2023^{1,2,3}



NOTE: Data years 2017 to 2023, Ages 10+ years, Both Sexes, All Races, All Ethnicities. Rates calculated using U.S. Census population estimates.

Among persons 10 years of age and older, nearly 14 persons per 100,000 residents died by suicide in 2023. Suicide mortality rates in Illinois increased 6% from 13.1 per 100,000 persons in 2017 to 13.9 per 100,000 persons in 2023. Despite the overall increase, suicide rates did show a decrease to 12 per 100,000 in 2020 with a subsequent increase of 16% into 2023 (Figure 11).

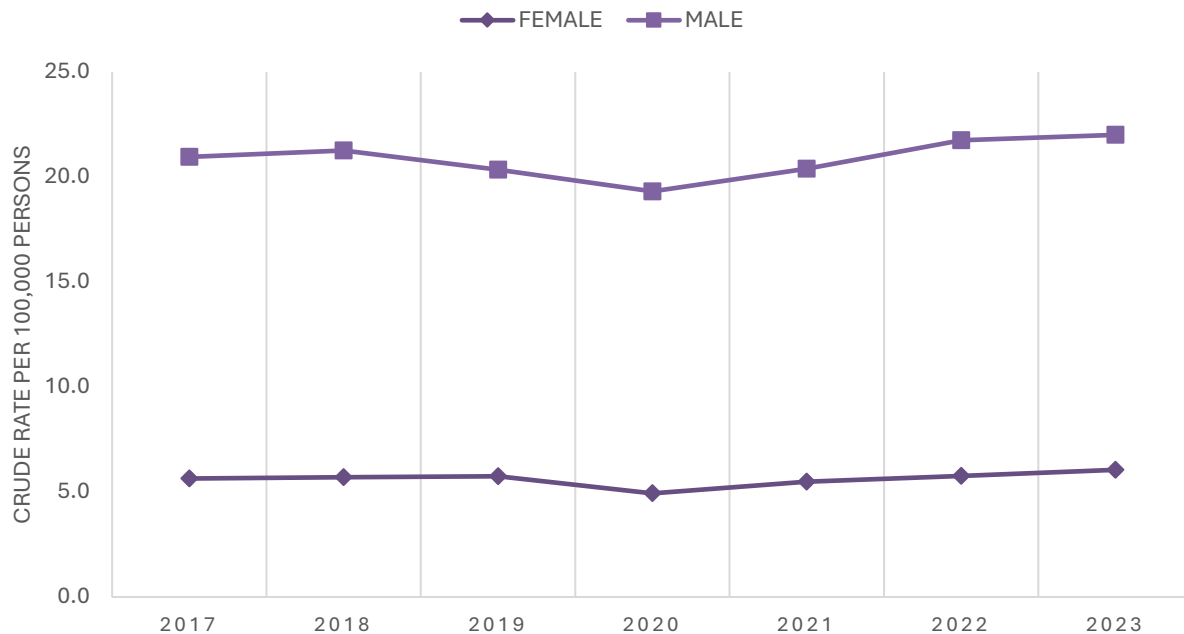
Figure 11: Illinois Crude Suicide Mortality Rate per 100,000 Persons among Persons Aged 10 Years and Older, 2017-2023^{1,2,3}



NOTE: Data years 2017 to 2023, Ages 10+ years, Both Sexes, All Races, All Ethnicities. Rates calculated using Census population estimates.

There is a significant disparity in suicide deaths between males and females (Figure 12). In every year between 2017 and 2023, suicide rates among men have been at least 3.5 times greater than females for persons 10 years of age and older. Suicide rates for persons 10 years of age and older have increased by more than 7% among females and 5% among males between 2017 and 2023.

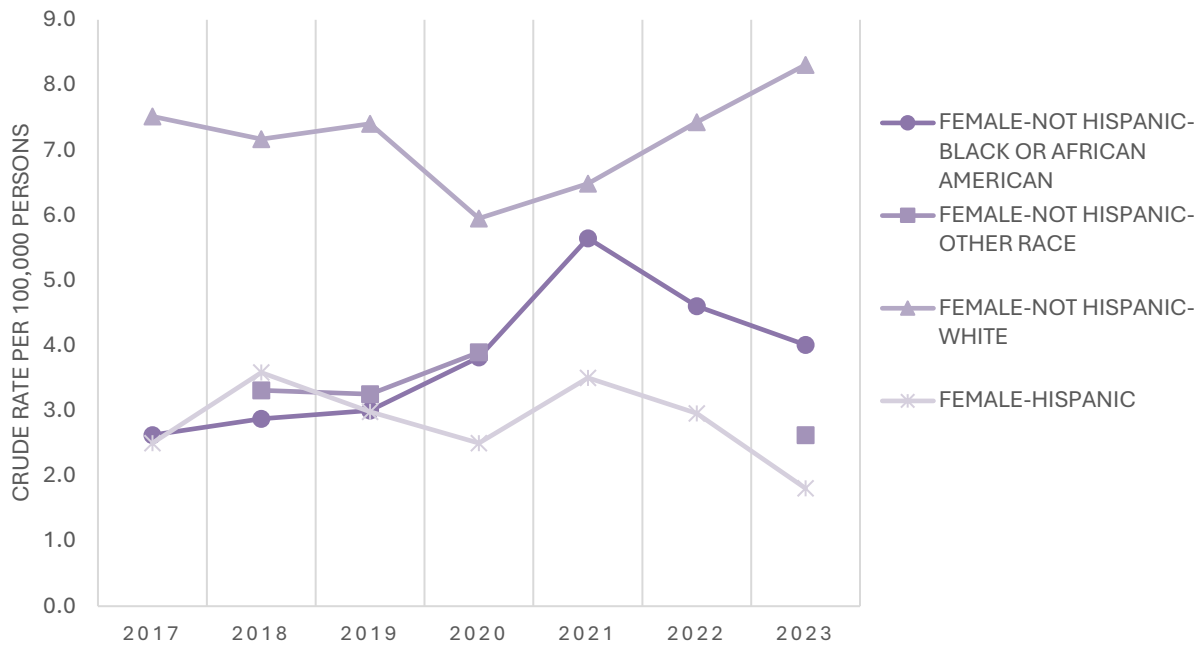
Figure 12: Illinois Crude Suicide Mortality Rates per 100,000 Persons among Males and Females Aged 10 Years and Older, 2017-2023 ^{1,2,3}



NOTE: Data years 2017 to 2023, Ages 10+ years, Both Sexes, All Races, All Ethnicities. Rates calculated using Census population estimates.

The rate of suicide deaths also varies by race and ethnicity (see Figure 13 and Figure 14). White not-Hispanic females had the greatest rate of suicides in comparison to females of other races and ethnicities. The second leading rate of suicide among females was for Black or African American, not-Hispanic individuals. The trends by race and ethnicity are similar among males. Not Hispanic white males had the greatest rate of suicides among males 10 years of age and older in each year between 2017 and 2023. The second greatest suicide rate among men by race and ethnicity in each year was among not Hispanic black or African Americans.

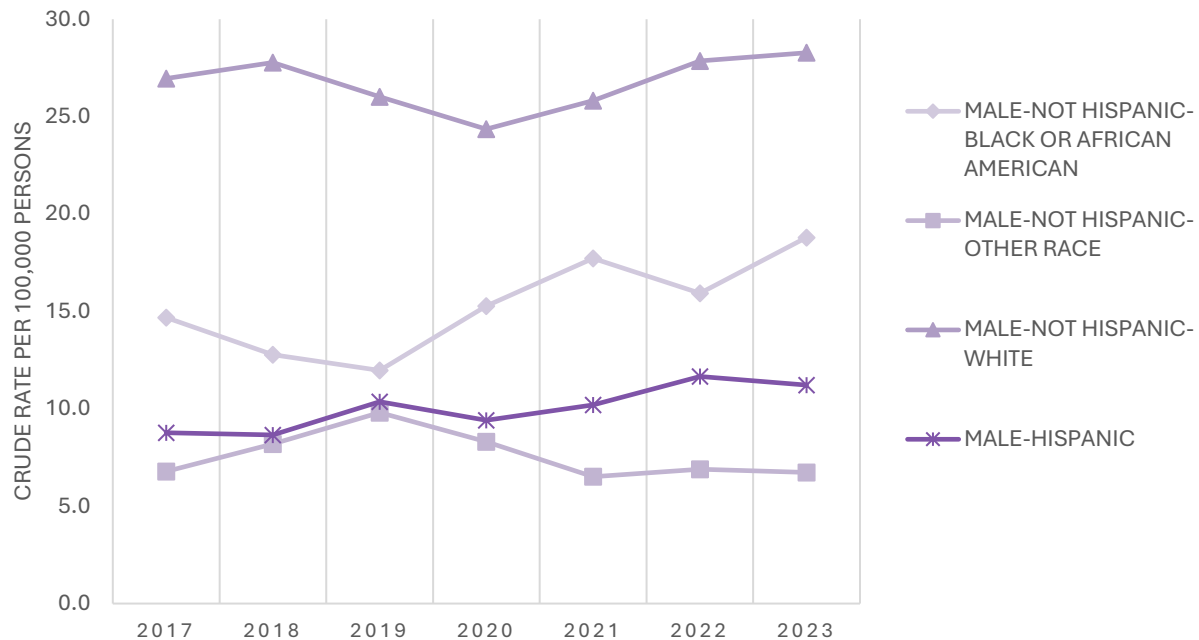
Figure 13: Illinois Suicide Mortality Rates among Females Aged 10 Years and Older by Race and Ethnicity, 2017-2023** 1,6,7



NOTE: Suicide data years 2017 to 2023. Ages 10+ years. Females. Rates calculated using population estimates accessed from CDC WONDER.

**Data not shown where death counts were less than 10.

Figure 14: Illinois Suicide Mortality Rates among Males, Aged 10 Years and Older, by Race and Ethnicity, 2017-2023 1,6,7

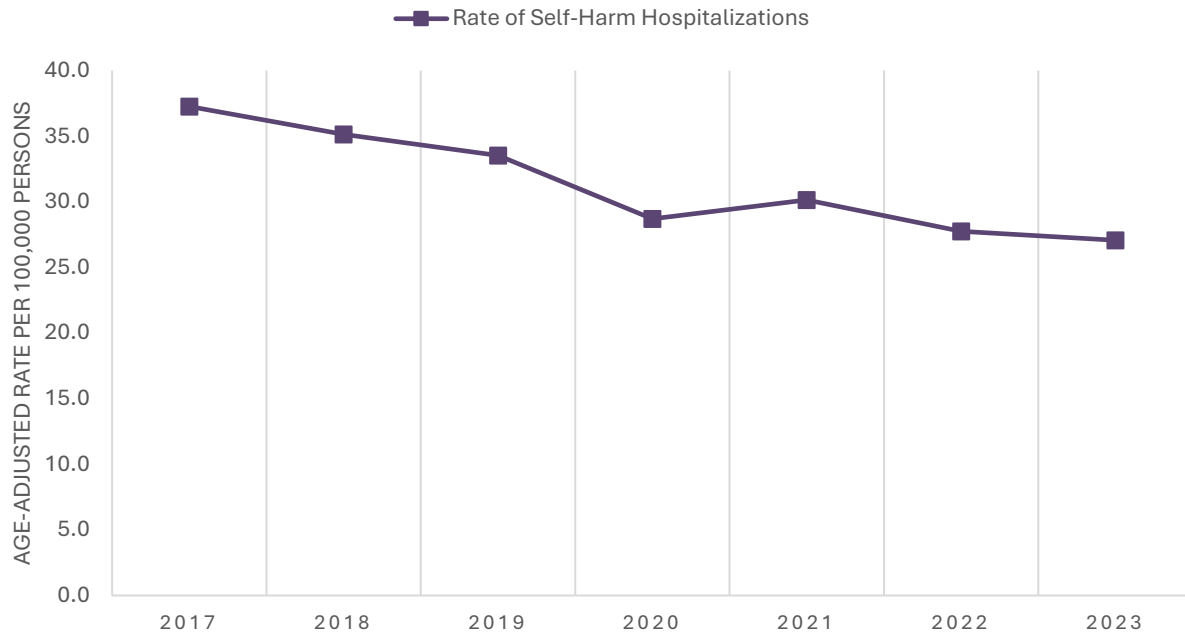


NOTE: Suicide data years 2017 to 2023. Ages 10+ years. Males. Rates calculated using population estimates accessed from CDC WONDER.

Nonfatal Intentional Self-Harm Hospitalizations in Illinois

Age-adjusted rates of intentional self-harm hospitalizations have decreased 27% since 2017 (Figure 15). In 2023, there were just over 27 hospitalizations per 100,000 Illinois residents.

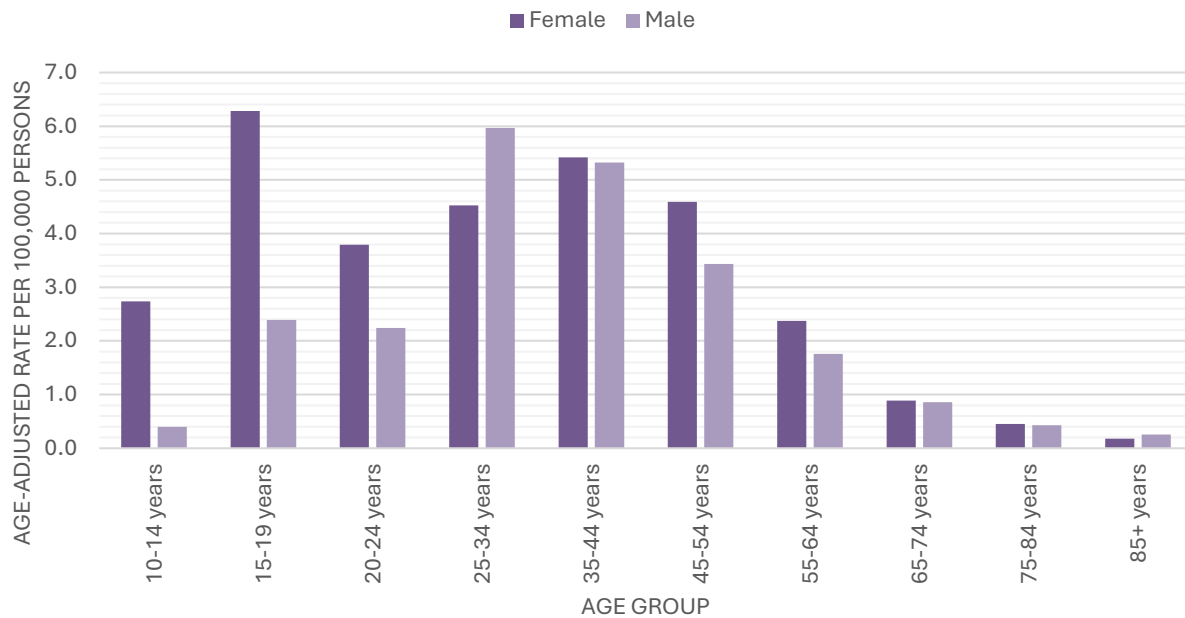
Figure 15: Illinois Age-Adjusted Rate per 100,000 Persons of Intentional Self-Harm Hospitalizations, 2017-2023 ^{8,9}



NOTE: Self-harm hospitalization rates were compiled from annual State Injury Indicator Reports for the years 2017 to 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER.

In 2023, males had higher rates of intentional self-harm hospitalizations than females among persons between 25 and 34 years of age and persons 85 years of age and older (Figure 16). However, among the other age groups, females had higher rates of intentional self-harm hospitalizations than males.

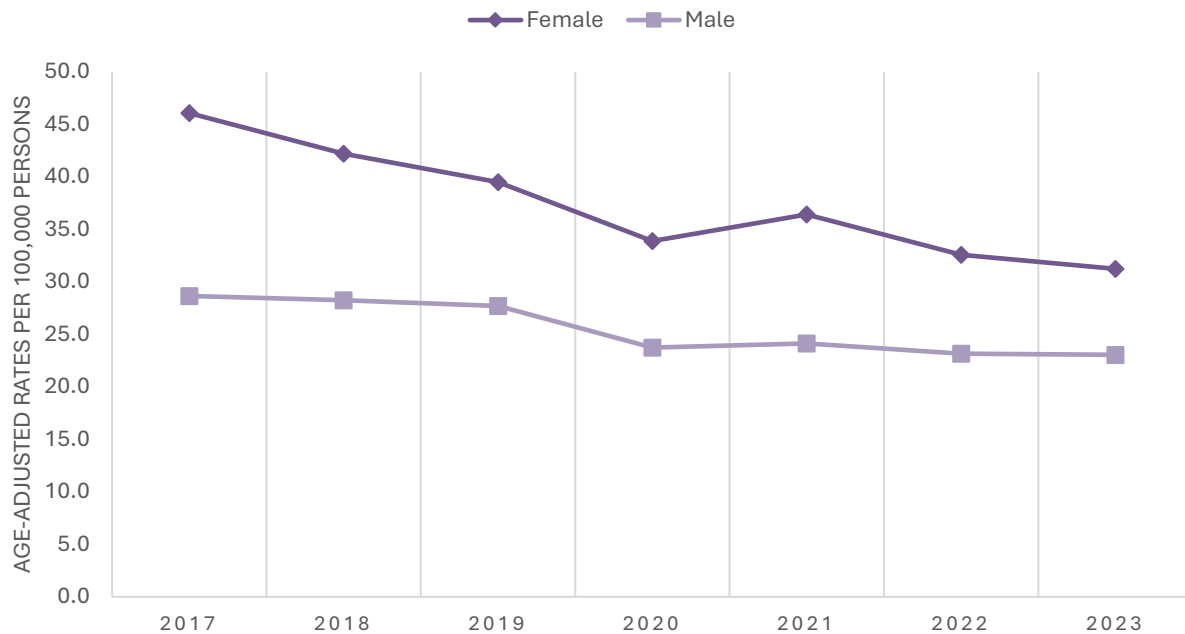
Figure 16: Illinois Age-Adjusted Rates per 100,000 persons of Intentional Self-Harm Hospitalizations by Sex and Age-Group for Persons Aged 10 and Older, 2023 ^{8,9}



NOTE: Self-harm hospitalization rates were compiled from annual State Injury Indicator Reports for 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER. Age adjusted rates shown by age group and sex for persons aged 10 and older.

Overall, females were more likely to be hospitalized for intentional self-harming than males across all years between 2017 and 2024 (Figure 17). The percent decrease in rates over this time was greatest among females and lowest among males. Among females, the age-adjusted rates of intentional self-harming behaviors decreased by more than 32% between 2017 and 2023. Among males, the decrease in age-adjusted rates of intentional self-harming decreased by over 19% during the same time.

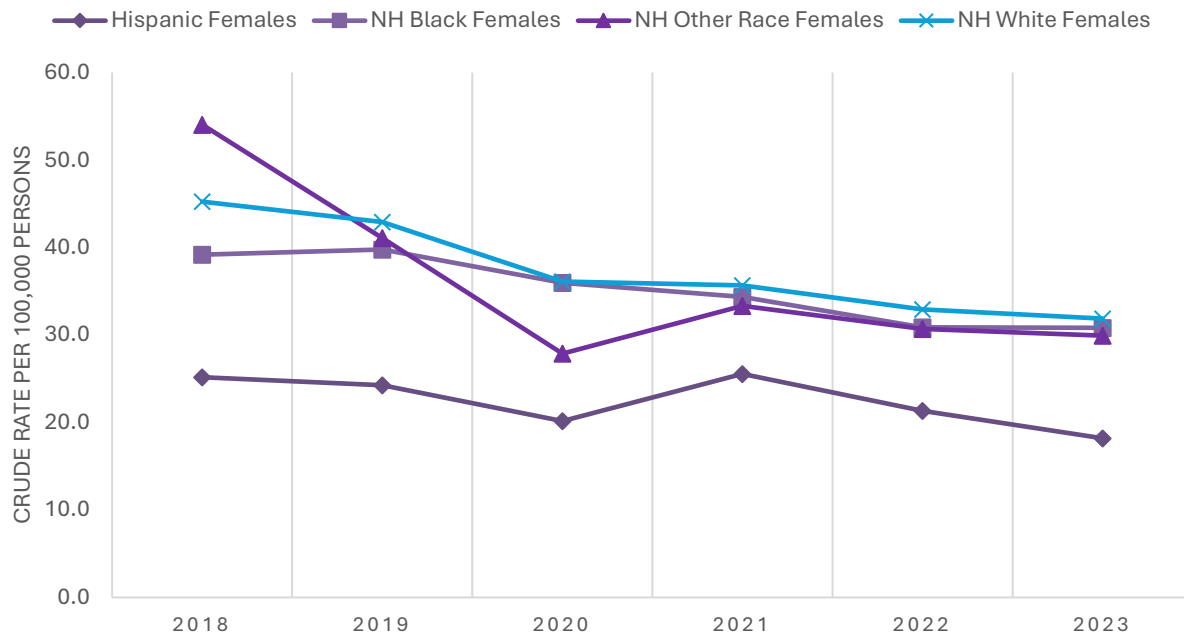
Figure 17: Illinois Age-Adjusted Rates per 100,000 Persons of Intentional Self-Harm Hospitalizations by Sex, 2017-2023 ^{8,9}



NOTE: Self-harm hospitalization rates were compiled from annual State Injury Indicator Reports for the years 2017 to 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER.

Crude rates of self-harm hospitalizations have also decreased by race and ethnicity. Among females, the greatest percent decrease was seen among not-Hispanic females of other races (Figure 18). Generally, among females, not-Hispanic white females had the greatest rate of self-harm hospitalizations in comparison to other races and ethnicities between 2018 and 2023.

Figure 18: Illinois Crude Rates per 100,000 Persons of Female Intentional Self-Harm Hospitalizations by Race and Ethnicity Groupings, 2018-2023 ^{6,7,9}

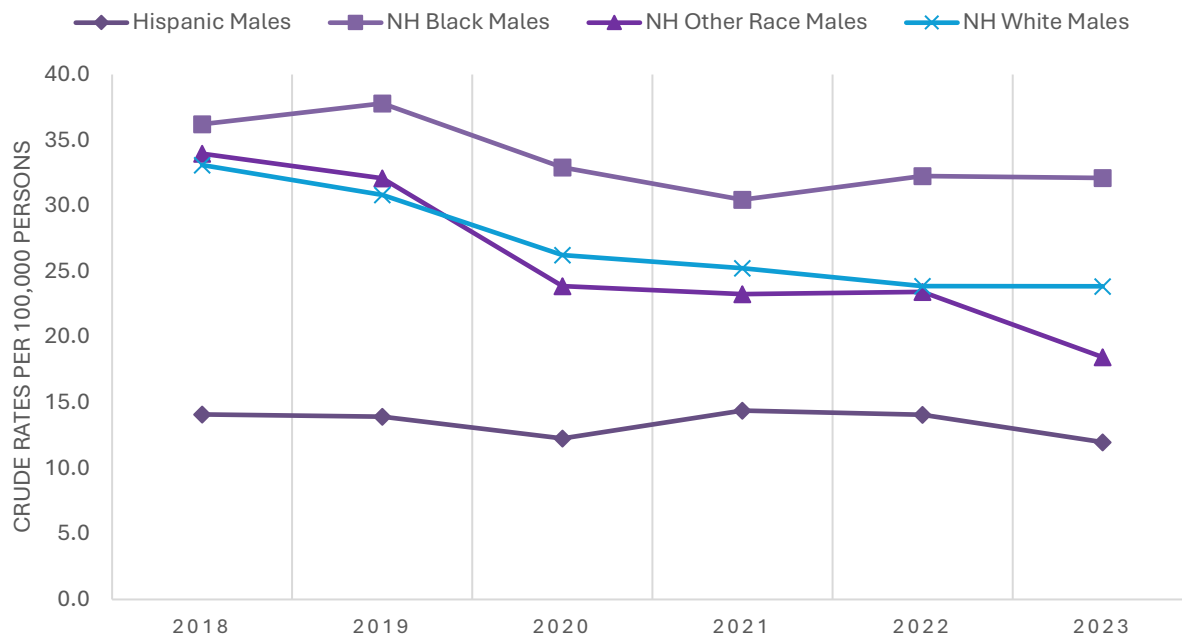


NOTE: Self-harm hospitalizations were calculated for each data year between 2018 to 2023 using annual CDC State Injury Indicator Report inclusion criteria against hospital discharge data and population estimates from WONDER. Data were stratified by sex and grouped by reported race and ethnicity. Additional stratification of other races was not possible due to limited sample sizes.

Not-Hispanic is designated as NH. 'Other Race' refers to all reported races other than Black/African American or White/Caucasian.

Alternatively, among men, the greatest rate of self-harm hospitalizations has been greatest among not-Hispanic black men (Figure 19). For both males and females, the rates of intentional self-harm hospitalizations have been lowest among Hispanic individuals when compared to individuals of other races and ethnicities between 2018 and 2023 (Figure 18 and Figure 19).

Figure 19: Illinois Crude Rates per 100,000 Persons of Male Intentional Self-Harm Hospitalizations by Race and Ethnicity Groupings, 2018-2023 ^{6,7,9}



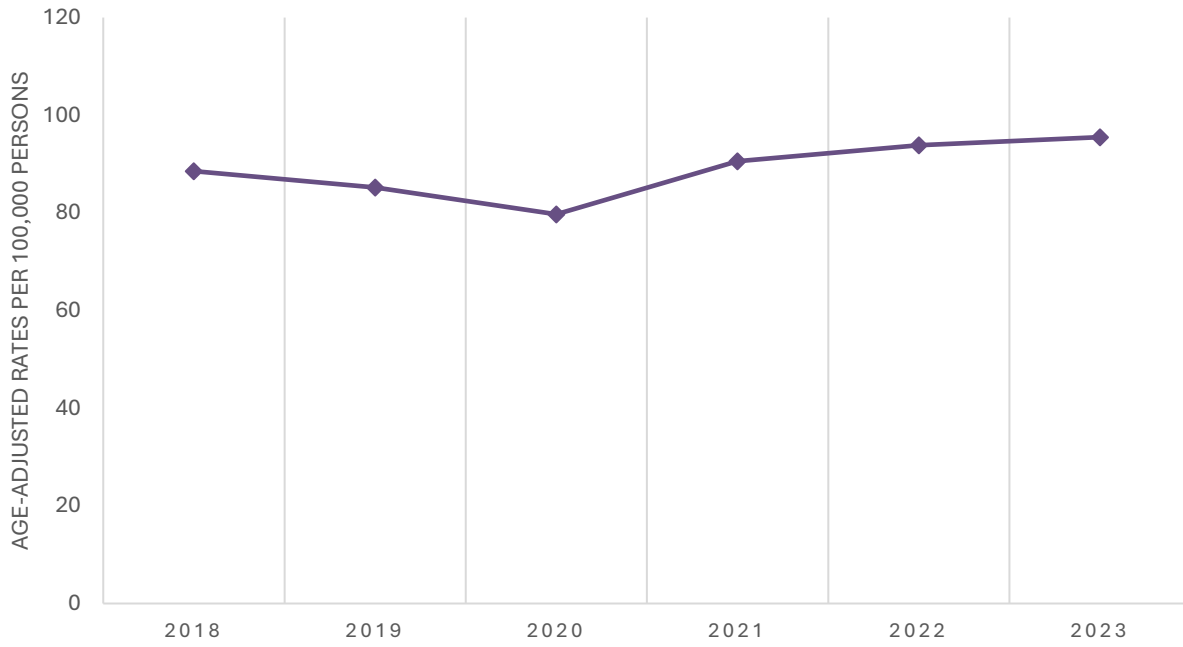
NOTE: Self-harm hospitalizations were calculated for each data year between 2018 to 2023 using annual CDC State Injury Indicator Report inclusion criteria against hospital discharge data and population estimates from WONDER. Data were stratified by sex and grouped by reported race and ethnicity. Additional stratification of other races was not possible due to limited sample sizes.

Not-Hispanic is designated as NH. 'Other Race' refers to all reported races other than Black/African American or White/Caucasian.

Nonfatal Intentional Self-Harm Emergency Department Visits in Illinois

Rates of emergency department visits for intentional self-harm have increased between 2018 and 2023 (Figure 20).

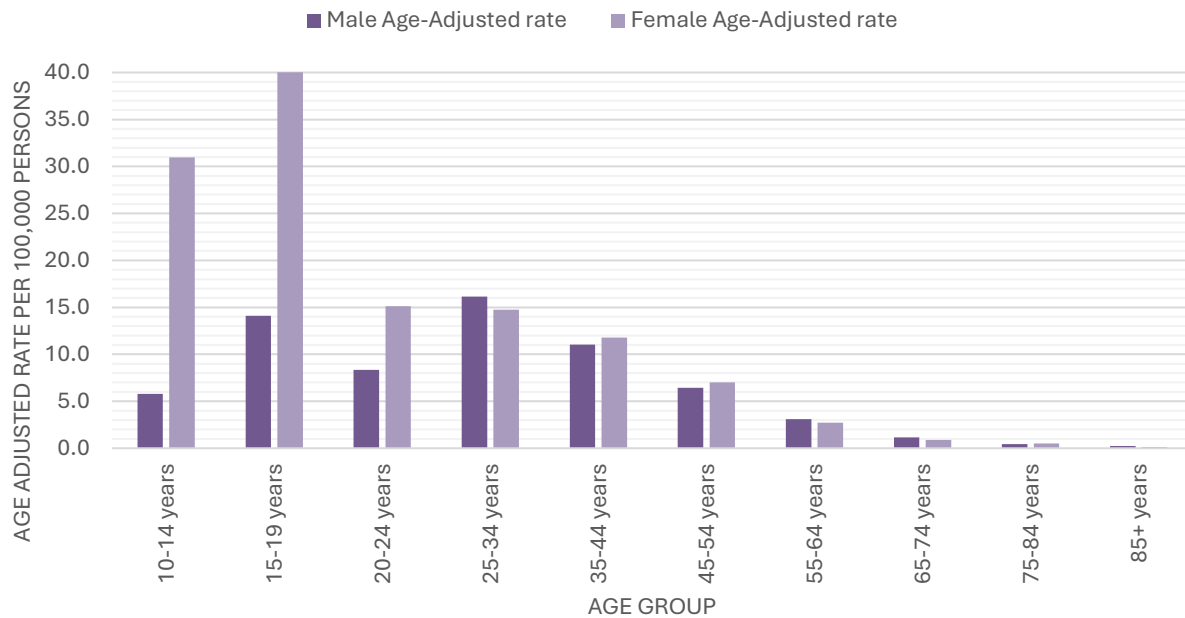
Figure 20: Illinois Age-Adjusted Rate of Intentional Self-Harm Emergency Department Visits, 2018-2023 ^{8,9}



NOTE: Self-harm emergency department visit rates were compiled from annual State Injury Indicator Reports for the years 2018 to 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER.

Females have experienced greater rates of intentional self-harm emergency department visits than males for most age groups. In 2023, males had higher rates of intentional self-harm emergency department visits among persons between 25 and 34 years of age, 55 to 74 years of age, and persons 85 years of age and older (Figure 21).

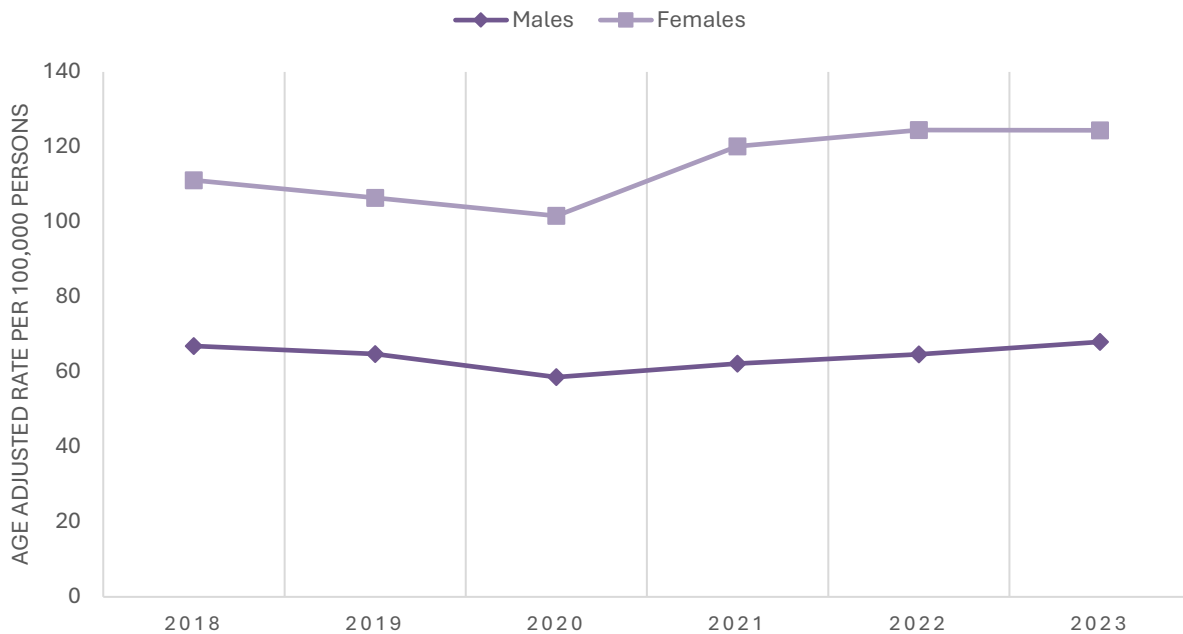
Figure 21: Illinois Age-Adjusted Rates of Self-Harm Emergency Department Visits by Sex and Age Group for Persons 10 Years of Age and Older, 2023 ^{8,9}



NOTE: Self-harm emergency department visit rates were compiled from annual State Injury Indicator Reports for 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER. Age adjusted rates shown by age group and sex for persons aged 10 and older.

Regardless of age, females overall have experienced higher rates of intentional self-harm emergency department visits than males (Figure 22). Age-adjusted rates of intentional self-harm emergency department visits have increased since 2018 across both sexes.

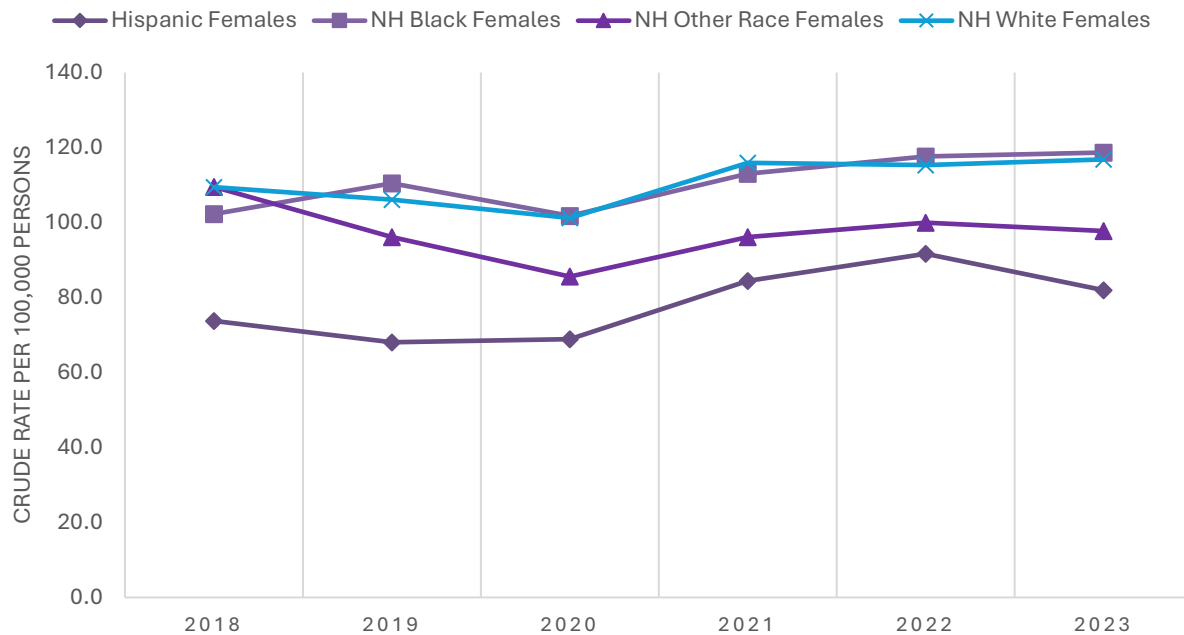
Figure 22: Illinois Age-Adjusted Rates of Self-Harm Emergency Department Visits by Sex, 2018-2023 ^{8,9}



NOTE: Self-harm emergency department visit rates were compiled from annual State Injury Indicator Reports for the years 2018 to 2023. Underlying data for submitted reports used hospital discharge data and population estimates from WONDER.

Crude rates of intentional self-harm emergency department visits among females indicate that White-not-Hispanic persons and Black/African American-not-Hispanic persons had similar burdens each year between 2018 and 2023. Hispanic females had the lowest rates of intentional self-harm ED visits in comparison to other female race and ethnicity groupings (Figure 23).

Figure 23: Illinois Crude Rates per 100,000 Persons of Emergency Department Visits for Intentional Self-Harm among Females by Race and Ethnicity, 2018-2023 ^{6,7,9}

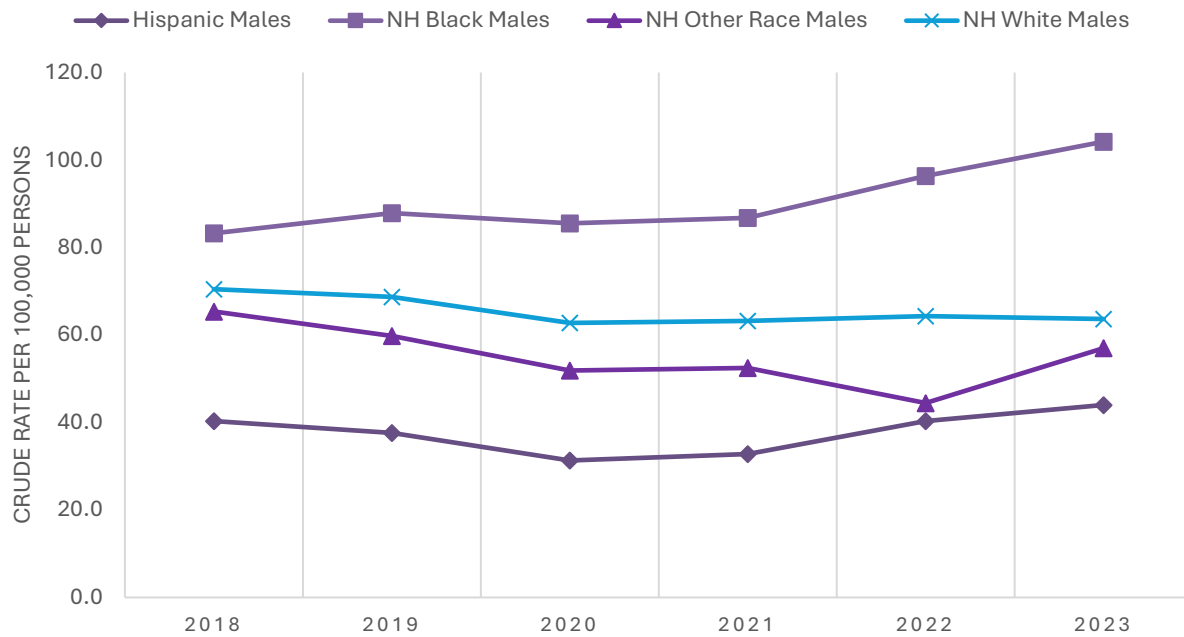


NOTE: Self-harm emergency department visit rates were calculated for each data year between 2018 to 2023 using annual CDC State Injury Indicator Report inclusion criteria against hospital discharge data and population estimates from WONDER. Data were stratified by sex and grouped by reported race and ethnicity. Additional stratification of other races was not possible due to limited sample sizes.

Not-Hispanic is designated as NH. 'Other Race' refers to all reported races other than Black/African American or White/Caucasian.

Not-Hispanic black or African American males had the greatest rates of intentional self-harm ED visits among males of other races and ethnicities across all years between 2018 and 2023. Not-Hispanic white males had the second highest rate (Figure 24).

Figure 24: Illinois Crude Rates per 100,000 Persons of Emergency Department Visits for Intentional Self-Harm among Males by Race and Ethnicity, 2018-2023 ^{6,7,9}



NOTE: Self-harm emergency department visit rates were calculated for each data year between 2018 to 2023 using annual CDC State Injury Indicator Report inclusion criteria against hospital discharge data and population estimates from WONDER. Data were stratified by sex and grouped by reported race and ethnicity. Additional stratification of other races was not possible due to limited sample sizes. Not-Hispanic is designated as NH. 'Other Race' refers to all reported races other than Black/African American or White/Caucasian.

Comprehensive Suicide Prevention (CSP) Disproportionately Affected Populations (DAPs) Reporting

Illinois is a current recipient of the United States Centers for Disease Control and Prevention's Comprehensive Suicide Prevention grant. Under those grant activities, in 2022 based on CDC guidance, IDPH identified two populations disproportionately affected by suicide and/or self-harming behaviors. These populations are referenced as DAPs, or disproportionately affected populations. IDPH is responsible for ongoing public health surveillance efforts to monitor for potential reductions in suicide and self-harming emergency department and hospitalization rates among these DAPs and other populations in Illinois. Analysis of the burden of suicide and self-harming behaviors are reported here beginning in 2021. The DAPs selection and ongoing surveillance efforts harness 2021 data as the baseline for the CSP interventions.

Public Health Interventions Funded by CSP

Five public health interventions are currently funded under CSP to targeted communities throughout Illinois. Brief summaries of those interventions are provided below.

A. Teaching Coping and Problem-Solving Skills

Increased application of problem-solving skills and protective coping styles is a strategy intended to reduce internalizing symptoms such as anxiety and depression that would otherwise increase youth risk for suicide.

B. Identify and Support People at Risk through Gatekeeper Training

Gatekeeper training increases awareness of suicide signs and symptoms and gives participants the tools to refer to care leading to increased contacts with treatment providers and decreased severity of depression symptoms among individuals at risk.

C. Create Protective Environments by Reducing Access to Lethal Means

A core strategy for suicide prevention, primarily through promoting safe firearm storage and increasing awareness of Firearm Restraining Orders (FROs), this public health approach focuses on creating time and space between a person in crisis and highly lethal objects.

D. Promote Connectedness

Man Therapy is an evidence-based strategy to break through stigma, improve help-seeking behavior and reduce male suicide. This strategy is focusing on males over age 50 who have been disproportionately affected by suicide in Illinois.

E. Zero Suicide

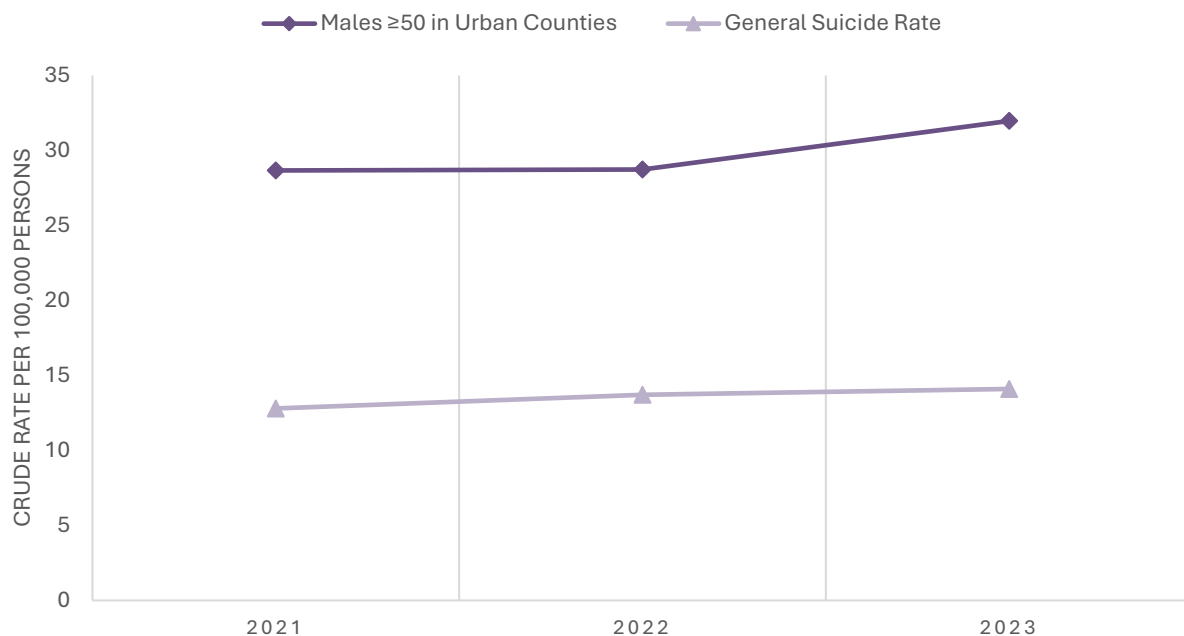
The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.

DAP 1: Males aged 50 years and older in Urban Counties

NOTE: The counties of Champaign, Deb, Kankakee, Kendall, McClean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago collectively made up the urban county population grouping when comparing rates by county urbanities.

Males aged 50 years of age and older in Champaign, Deb, Kankakee, Kendall, McClean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties were selected as a DAP. The crude rate of suicides for this DAP are at least twice the rate of suicides among Illinois residents aged 10 years and older. The rate of suicides has increased by 11.5% between 2021 and 2023 (Figure 25).

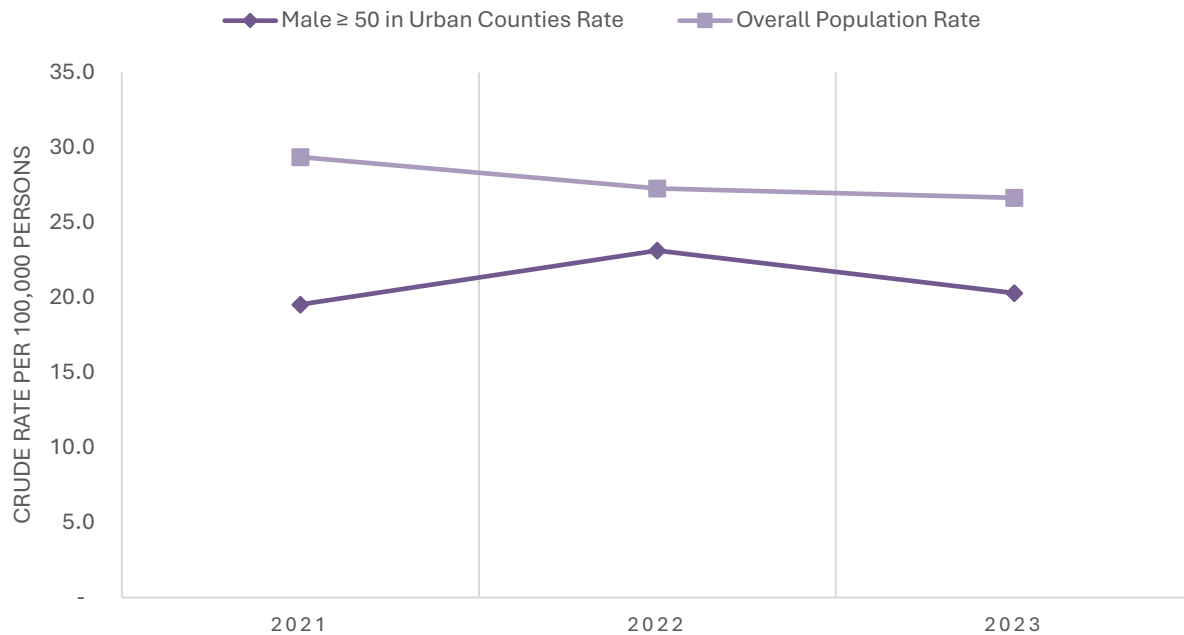
Figure 25: Comparison of Crude Suicide Rates per 100,000 Persons Between Illinois Males Greater than or Equal to 50 Years of Age in Urban Counties and All Illinoisians Greater than or Equal to 10 Years of Age, 2021-2023 ^{1,7}



NOTE: 'Males ≥50 in Urban Counties' refers to the rate of suicide-related deaths among males greater than or equal to 50 years of age in Champaign, Deb, Kankakee, Kendall, McClean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties, regardless of race or ethnicity. 'General Suicide Rate' refers to the rate of suicide-related deaths among individuals aged 10 years and older, regardless of sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER.

The rate of non-fatal suicide and self-harm measures for this DAP has been less than that observed for the general population. Self-harm hospitalization rates have been lower in males greater than or equal to 50 in urban counties when compared to all Illinoisians across 2021 to 2023 (Figure 26).

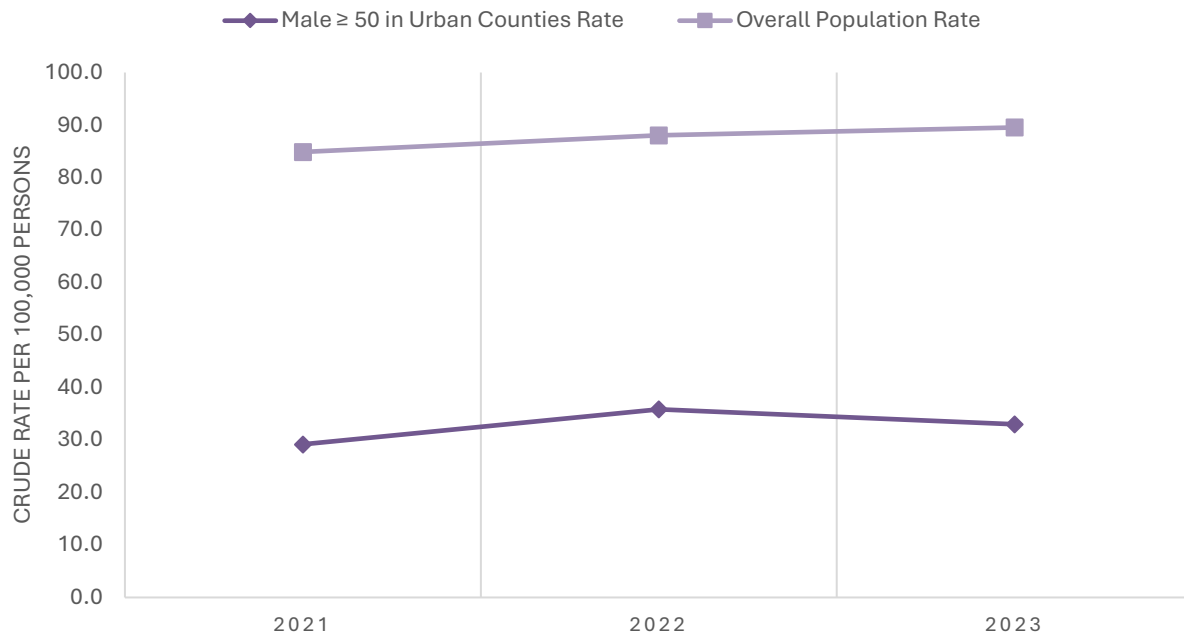
Figure 26: Comparison of Crude Rates of Intentional Self-Harm Hospitalizations per 100,000 Persons Between Illinois Males Greater than or Equal to 50 Years of Age in Urban Counties and All Illinoisians, 2021-2023^{6,7,9}



NOTE: 'Male ≥ 50 in Urban Counties Rate' refers to the rate of intentional self-harm-related hospitalizations among males greater than or equal to 50 years of age in Champaign, DeWitt, Kankakee, Kendall, McClean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties, regardless of race or ethnicity. 'Overall Population Rate' refers to the rate of intentional self-harm-related hospitalizations among all Illinois individuals, regardless of age, sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER.

Similarly, when compared to the general population, the rate of intentional self-harm related emergency department visits is lower for this DAP across all years 2021 to 2023 (Figure 27).

Figure 27: Comparison of Crude Rates of Intentional Self-Harm Emergency Department Visits per 100,000 Persons Between Illinois Males Greater than or Equal to 50 Years of Age in Urban Counties and All Illinoisians, 2021-2023 ^{6,7,9}



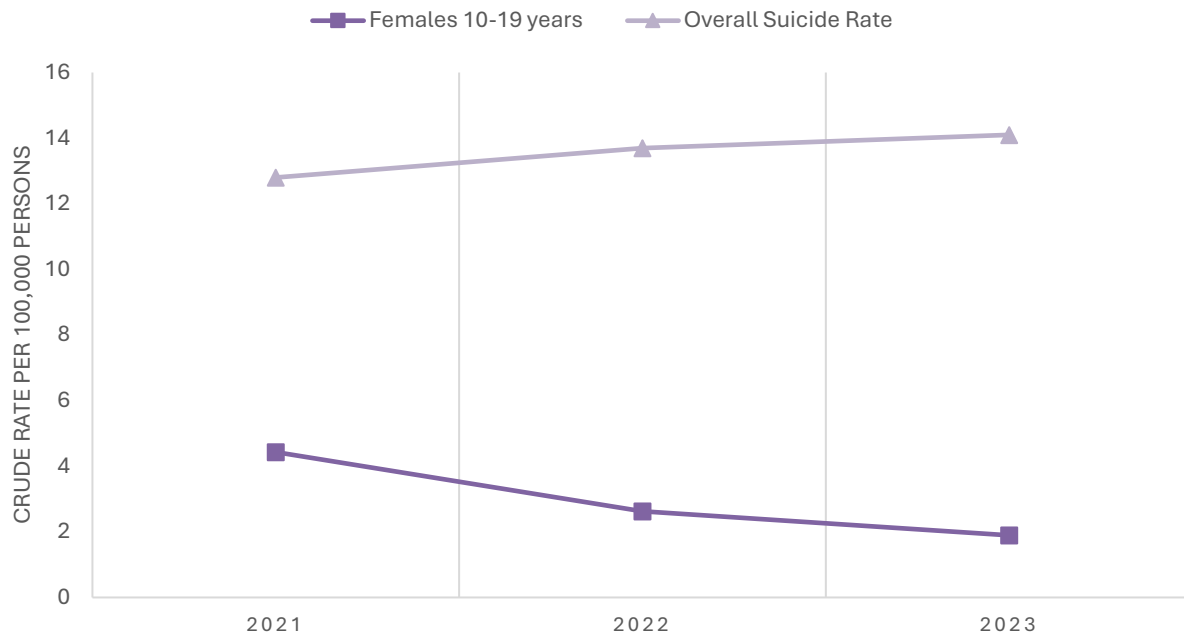
NOTE: 'Male ≥50 in Urban Counties Rate' refers to the rate of intentional self-harm-related emergency department visits for males greater than or equal to 50 years of age in Champaign, Deb, Kankakee, Kendall, McClean, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, Vermilion, and Winnebago counties, regardless of race or ethnicity. 'Overall Population Rate' refers to the rate of intentional self-harm-related emergency department visits among all Illinois individuals, regardless of age, sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER.

DAP 2: Females aged 10 to 19 years

Females aged 10 to 19 years, regardless of Illinois county of residence, were selected as a DAP due to their higher burden for non-fatal intentional self-harming behaviors than that of other Illinoisians.

Among females aged 10 to 19 years of age, crude rates of fatalities from suicide decreased by more than 57% between 2021 and 2023 (Figure 28). Alternatively, the overall rate of suicides during this period increased.

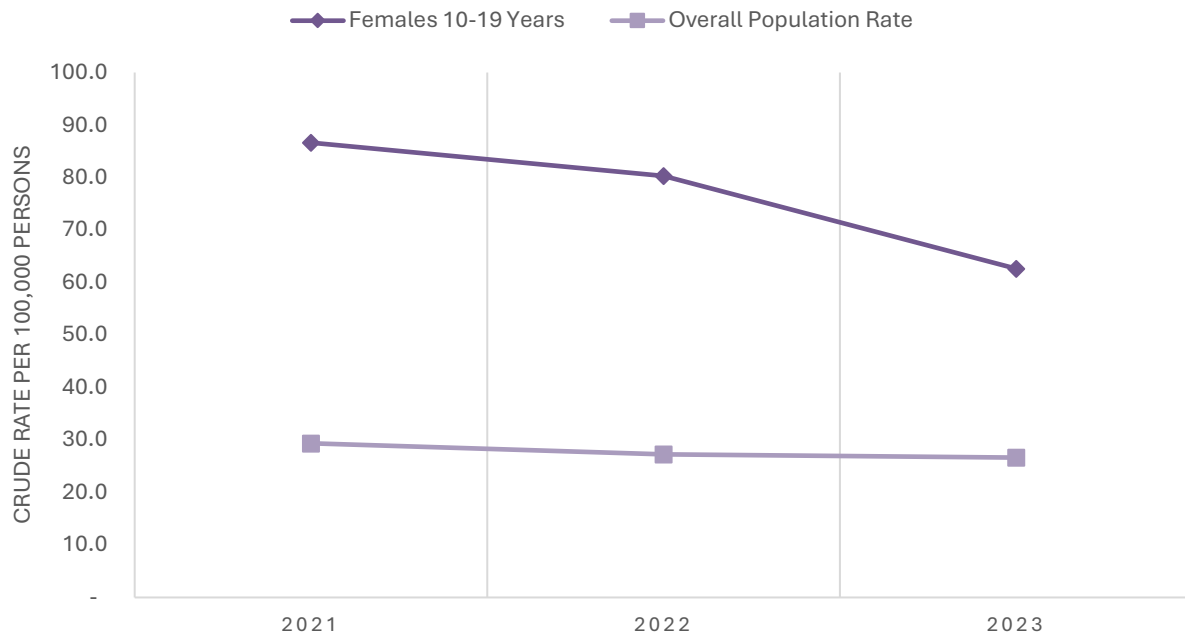
Figure 28: Comparison of Crude Suicide Rates per 100,000 Persons Between Illinois Females 10 to 19 Years of Age and All Illinoisians 10 Years of Age and Older, 2021-2023^{1,7}



NOTE: 'Females 10-19 Years' refers to the crude rate of suicide-related deaths among females aged 10-19 years of age, regardless of race, ethnicity, or county of residence. 'Overall Suicide Rate' refers to the rate of suicide-related deaths among individuals aged 10 years and older, regardless of sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER.

Intentional self-harm hospitalization rates for females 10 to 19 years of age were nearly 3 times greater than the rate of intentional self-harm hospitalizations for all Illinoisians in 2021 (Figure 29). Since 2021, rates of intentional self-harm hospitalizations among this DAP have decreased by almost 28%. Intentional self-harm hospitalization rates among all Illinoisians have also decreased during this time by 9%.

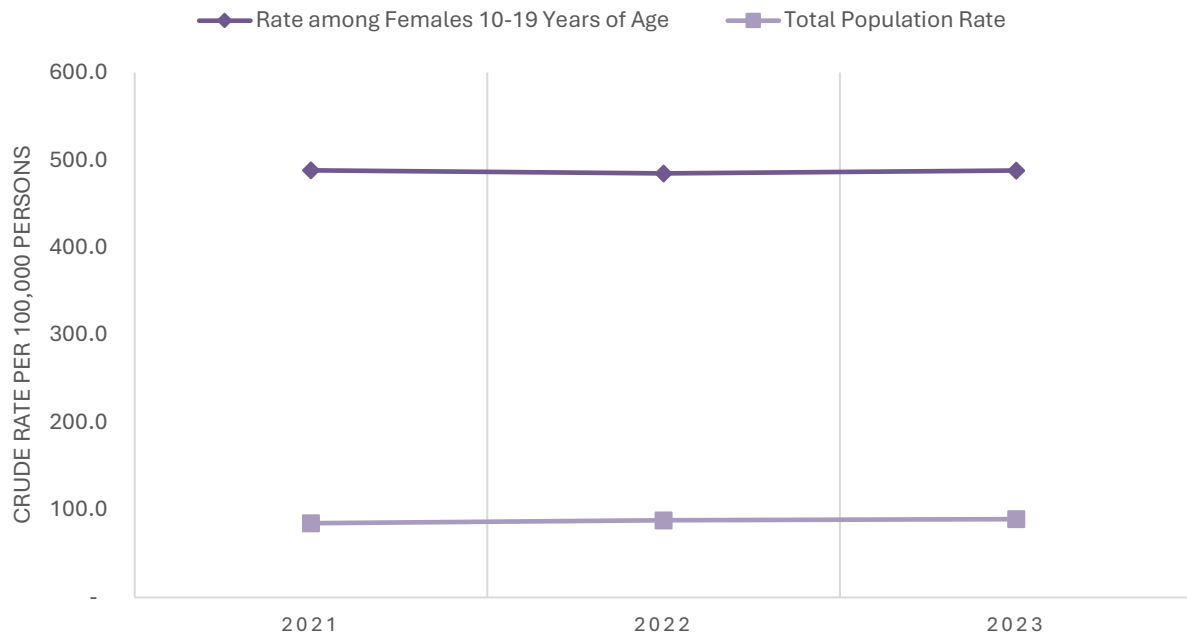
Figure 29: Comparison of Crude Rates of Intentional Self-Harm Hospitalization Rates per 100,000 Persons Between Females 10 to 19 Years of Age and All Illinoisians, 2021-2023^{6,7,9}



NOTE: 'Females 10-19 Years' refers to the crude rate of intentional self-harm-related hospitalizations among females aged 10-19 years of age, regardless of race, ethnicity, or county of residence. 'Overall Population Rate' refers to the rate of intentional self-harm-related hospitalizations among all Illinoisians, regardless of age, sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER

The rates of emergency department visits for intentional self-harm in females aged 10 to 19 years were more than 5.7 times greater than the rates observed for all Illinoisians in 2021 (Figure 30). The rates for intentional self-harm emergency department visits for all Illinoisians increased by 5% between 2021 and 2023, but the rates of intentional self-harm emergency department visits for this DAP have remained stable.

Figure 30: Comparison of Crude Rates of Intentional Self-Harm Emergency Department Visits per 100,000 Persons Between Females 10 to 19 Years of Age and All Illinoisians, 2021-2023 ^{6,7,9}



NOTE: 'Females 10-19 Years' refers to the crude rate of intentional self-harm-related emergency department visits among females aged 10-19 years of age, regardless of race, ethnicity, or county of residence. 'Total Population Rate' refers to the rate of intentional self-harm-related emergency department visits among all Illinoisians, regardless of age, sex, race, and ethnicity, for all counties of residence in Illinois. Population sizes accessed from CDC WONDER.

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