



Melba R. Moore, MS, CPHA
Acting Director / Commissioner of Health

Depression and Suicide Data Brief



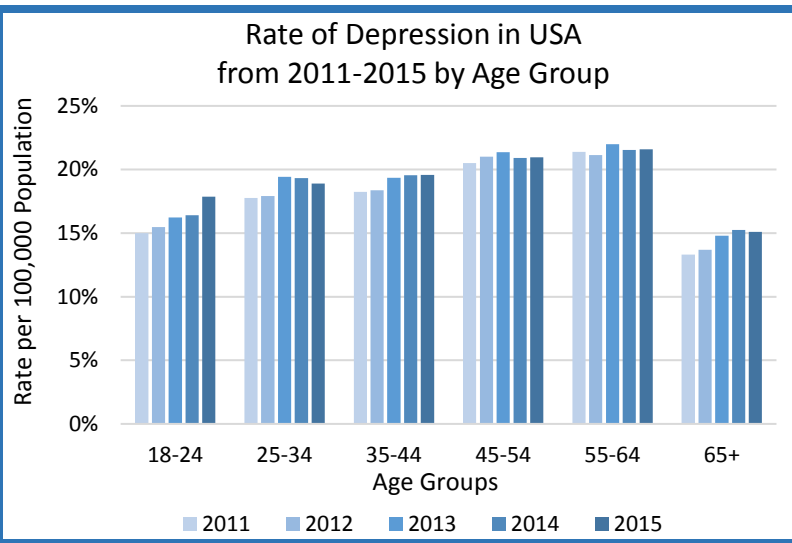
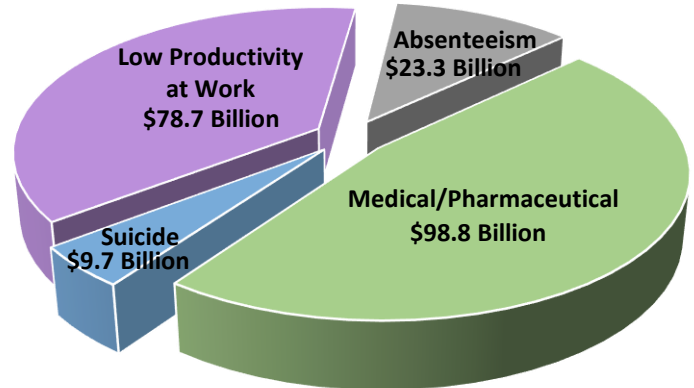
Lyda Krewson
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City of St. Louis Depression and Suicide Surveillance

Depression is a common serious medical illness that can affect mood, cognitive function, and physical abilities. Depression affects over 15 million adults in the United States; it is estimated to cost society about \$210.5 billion annually. In a 2010 study by Greenburg, Paul, et. al., these costs were associated with significant healthcare needs, medication, work absenteeism, work productivity, and cost associated with suicides. Depression can also affect children and teens; and impacts their home, social, and ability to attend school.

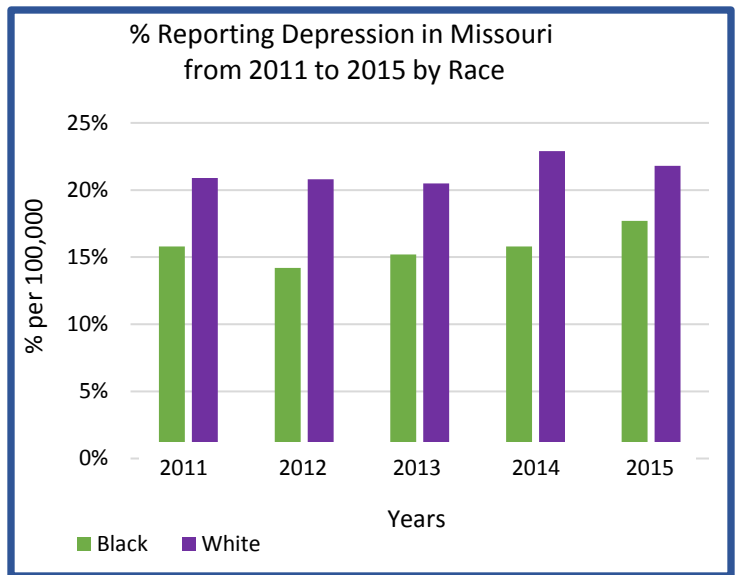
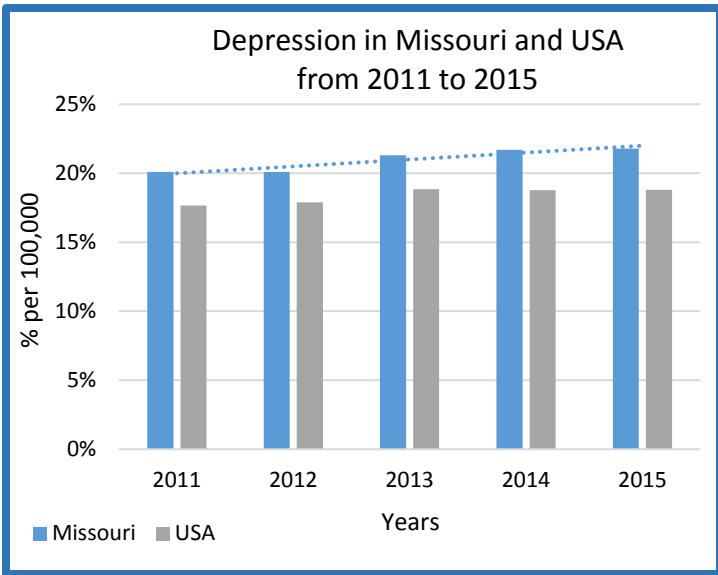


Depression affects both males and females, and can occur at any age. People suffering from depression are at increased risk for disease, injury, mortality, and can even lead to substance abuse. Depression can be short-lived or long-lasting with mild to severe intensity. At worst, depression can lead to suicide. If not effectively treated, depression can become a chronic disease and impair functioning. CDC reports that one out of twenty adults surveyed in the United States report moderate or severe depressive symptoms within the past 2 weeks. Many behaviors or conditions that are often associated with depression include smoking, alcohol use, drug use, physical inactivity, sleep disorders, HIV/AIDS, etc.

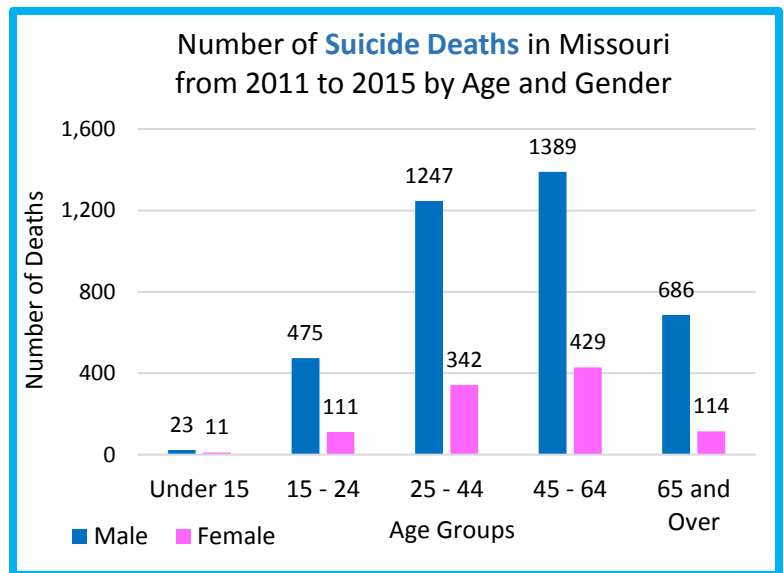
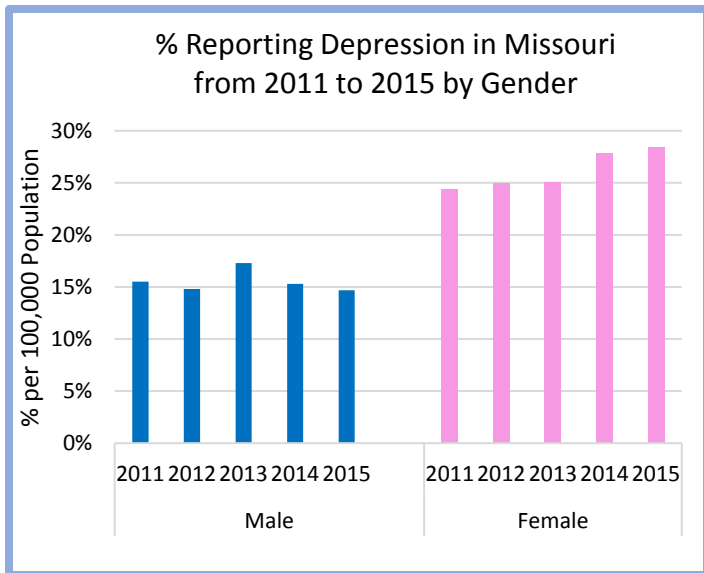
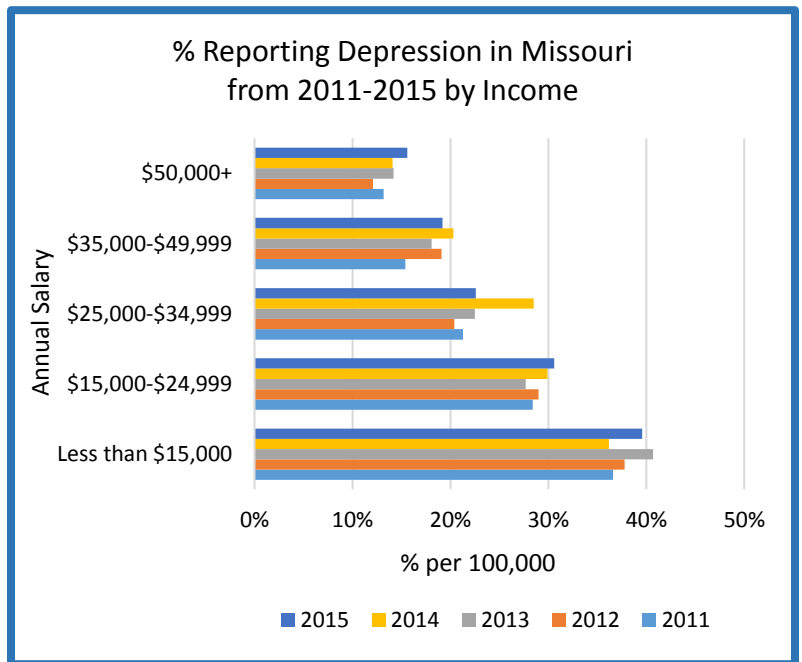
Diagnostic Criteria

The American Psychiatric Association’s diagnostic criteria for Major Depressive Disorder requires a person to experience five or more of the below symptoms for a continuous period of at least two weeks.²

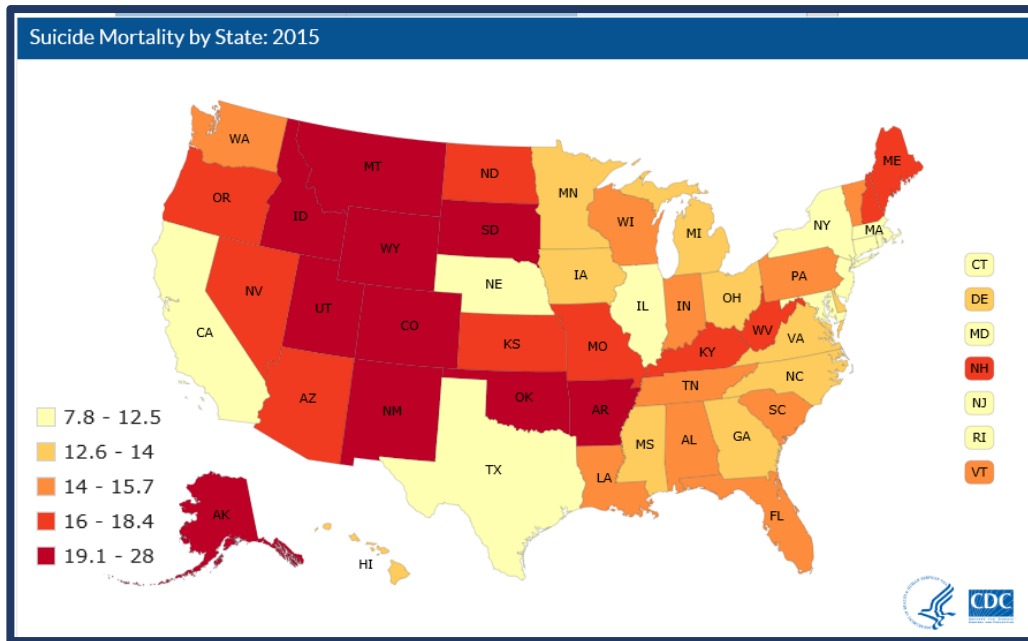
- Feelings of sadness, hopelessness, depressed mood
- Loss of interest or pleasure in activities
- Change in weight or appetite
- Change in activity: either more or less active than usual
- Insomnia (difficulty sleeping) or sleeping too much
- Feeling tired or not having any energy
- Feelings of guilt or worthlessness
- Difficulties concentrating and paying attention
- Thoughts of death or suicide.



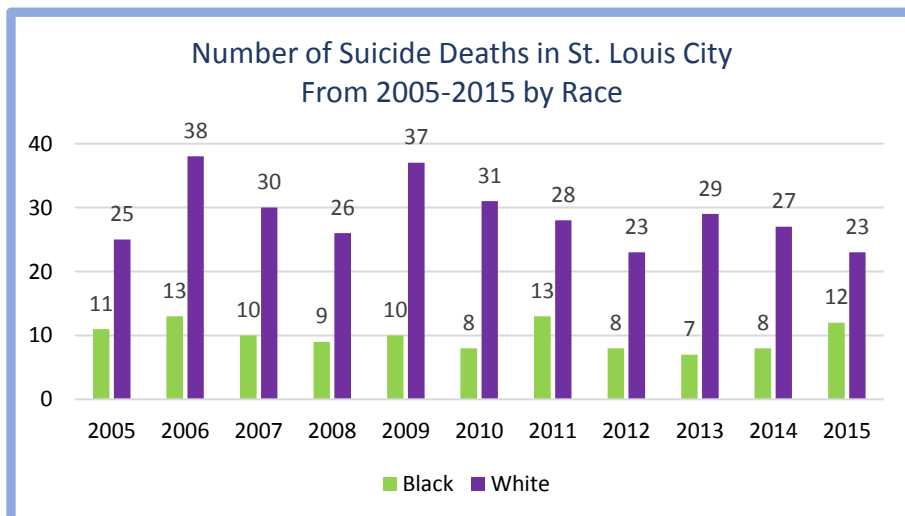
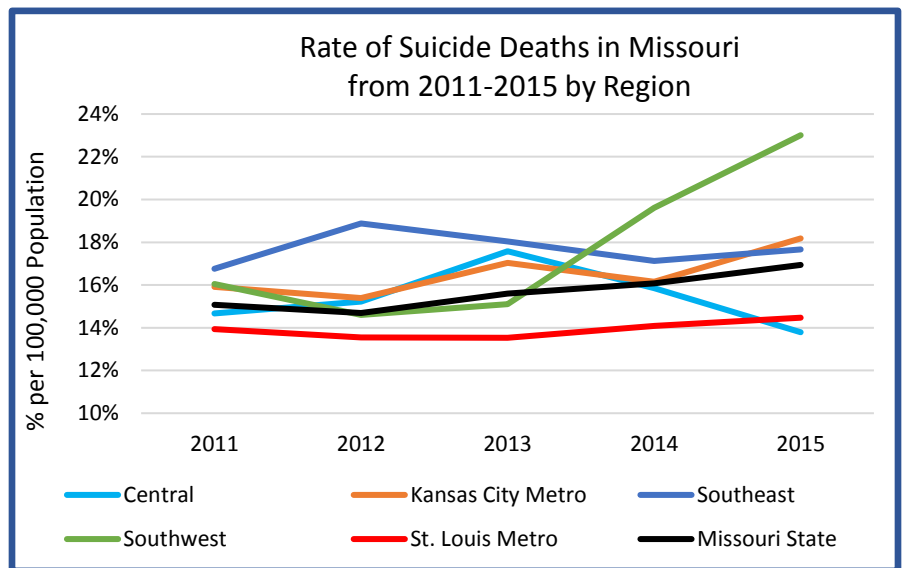
The average rate of depression reported in Missouri from 2011 to 2015 was 21.0% compared to the national average of 18.4%. Of Missourians reporting depression during this time period, whites were 1.4% more likely to report depression compared to blacks. Persons living below the poverty level are 2 ½ times more likely to have depression than those above the poverty level. The percent of Missourians reporting depression increased as the annual salary ranges decreased. Although females were 1.7% more likely to report depression compared to males in Missouri, males were 3.8% more likely to commit suicide. There were 1007 females and 3820 males that committed suicide from 2011 to 2015. Males in age groups 25-44 and 45-64 have a significantly higher number of deaths due to suicide, as 71% of suicide deaths occurred in these age ranges. Females also have a higher number of suicides reported for ages 25-64, compared to other age groups.



In 2015, Missouri ranked 16th nationally in suicide deaths, and suicide was the tenth leading cause of death in Missouri with 1052 deaths and a mortality rate of 17.1/100,000, compared to the national average of 13.3/100,000.



Suicide rates have been slowly increasing in all regions of Missouri, yet the St. Louis Metro region remains consistent with the lowest average rate of suicide death in Missouri for the past five years at 14%. The Southwest region of Missouri has seen a sharp increase in suicide deaths at 23%. The mortality rate by suicide for males in Missouri from 2011 to 2015 was 25.6% compared to the rate of 6.5% for females, and there were a total of 4827 suicide deaths during this 5 year period, with 1527 of those deaths occurring in the St. Louis Metro Region. There were 34 suicides among children under 12 years of age, but the majority of deaths occurred between the ages of 25 to 64.



From 2005 to 2015, St. Louis averaged 40.3 suicides a year. During this time period, the rate of suicide for men in the city was 20.4% compared to 5.0% for women. The highest rates in the City were among the age group 25-64. The number of suicide deaths in St. Louis City continue to occur more among the white population than the black population. In 2015, the City had 36 suicide deaths, and 64% of those were white and 83% were male. In 2015, 23.6% of suicides were in the age group 45-64 compared to 10.5% in the age group 25-44.

The St. Louis City Health Department has recently trained all its staff in Mental Health First Aid, and is encouraging employees to start conversations about depression and mental illness. Suicide is not inevitable for anyone, and by starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives. Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

[How You Can Help to Reduce Suicide](#)

Get resources for yourself or be the difference for a loved one by offering support and understanding, and having conversations about mental health. Learn the risk factors and warning signs of someone who may be thinking about suicide and help connect them to resources.

Spread the word about the Lifeline's free confidential and emotional support services that are available 24/7, and raise awareness for suicide prevention.

National Suicide Prevention Lifeline 1-800-273-8255

Known Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- Job or financial loss
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of healthcare, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Known Warning Signs

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Sources:

MICA, BRFSS, and CDC

Greenburg, Paul, et. al. 2014. The Economic Burden of Adults With Major Depressive Disorder in the United States (2005 and 2010) <http://www.psychiatrist.com/jcp/article/Pages/2015/v76n02/v76n0204.aspx>