

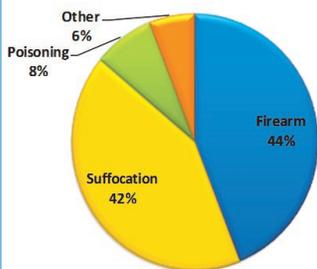


Suicide & Self-Harm

Michigan Statistics

In 2011, self-inflicted injury was the leading cause of hospital admitted injuries for young people, ages 15-24, while motor vehicle-occupant injuries was the leading cause in the U.S.⁹

Percentage of Completed Suicides by Means, Youth (15-19 years, MI, 2006-2010)



Centers for Disease Control and Prevention—WISQARS

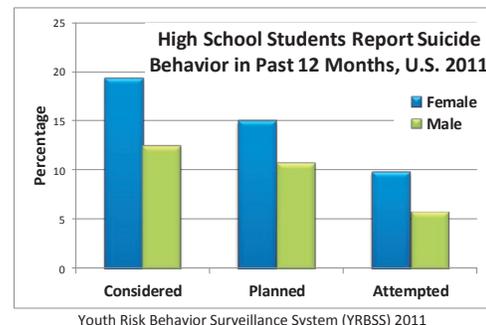
Suicide was the third leading cause of death for adolescents and young people, ages 10-24, from 2006-2010.⁹

Youth Suicide Prevention—Screening in Health Care Settings

What is the Problem?

United States Statistics:

- In 2010, suicide was the third leading cause of injury-related death for young people ages 10—24.¹
- In 2011, 15.8% of youth reported they had seriously considered attempting suicide, 12.8% had developed a suicide plan, and 7.8% attempted suicide one or more times 12 months prior to the survey.²
- 1/3 of youth with suicide ideation will develop a plan and, of those, nearly 60% will go on to attempt suicide, as compared to 20% of youth who do not have a plan.³



What is One Solution?

Unidentified and untreated mental disorders are likely to persist, making youth vulnerable to a downward spiral of detrimental behaviors and suicidal ideation or attempts. 89% of youth identified with a lifetime prevalence of suicide ideation, and 96% of those who have attempted suicide, meet the criteria for at least one of the 15 DSM-IV/CIDI disorders, with Major Depressive Disorder (MDD) being the most common lifetime disorder among suicidal youth.³

Early and accurate identification of youth at risk for mental illness is a crucial injury prevention intervention. The U.S. Preventive Services Task Force has found evidence to recommend screening adolescents for MDD when adequate services are in place to ensure valid diagnosis, treatment and follow-up. Several screening tests have been shown to accurately identify those at risk for depression in primary care settings. These include the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory—Primary Care Version (BDI-PC).⁴ The 2012 National Strategy for Suicide Prevention report supports and emphasizes the importance of providing quality clinical and community preventive services, including mental illness preventive screening and suicide assessment in health care settings.⁵

Why Screen in Health Care Settings?

Health care settings such as emergency departments (ED) and primary care offices are well suited for screening youth at risk for mental illness.

- In 2011, 70% of young adults (19-25 years) reported they had visited a physician in the past 12 months and 23% had visited an ED.⁶
- It is estimated that about 1.5 million youth rely on the ED as their usual source of health care.⁷
- About 77% of youth who commit suicide visited their primary care physician within the previous year, and 45% had made contact one month prior to their death.⁸

Citations

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