

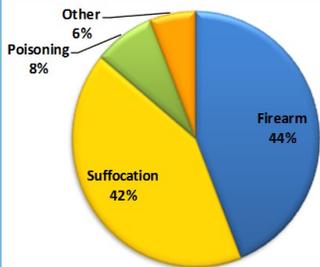
Suicide and Self-Harm

Youth Suicide Prevention—Screening in Health Care Settings

Michigan Statistics

In 2011, self-inflicted injury was the leading cause of hospital admitted injuries for young people, aged 15 to 24, while motor vehicle-occupant injuries was the leading cause in the U.S.³

Percentage of Completed Suicides by Means, Youth (15–19 years, MI, 2006-2010)¹



Suicide was the third leading cause of death for adolescents and young people, aged 10 to 24, in 2012.¹

Data Sources:

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System.
- Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.
- Children’s Safety Network Economics and Data Analysis Resource.

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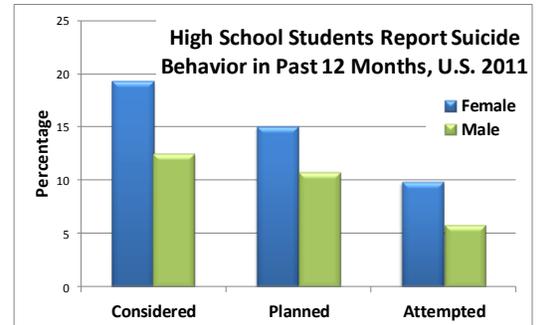
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What Is the Problem?

United States Statistics:

- In 2012, suicide was the second leading cause of death for young people aged 10 to 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 1 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.^a



Youth Risk Behavior Surveillance System (YRBSS) 2011

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 1 of the 15 DSM-IV/CIDI disorders, with Major Depressive Disorder (MDD) being the most common lifetime disorder among suicidal youth.^a

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).^b 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 within health care settings.^c

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 aged 19 to 25 reported they had visited a physician in the past 12 months and 23% had visited an ED.^d
- It is estimated that about 1.5 million youth rely on the ED as their usual source of health care.^e
- About 77% of youth who commit suicide, visited their primary care physician within the previous year and 45% had made contact 1 month prior to their death.^f

References

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