A statement prepared by the National Action Alliance for Suicide Prevention – the nation's public-private partnership for suicide prevention. For media inquiries, contact Kim Torguson (ktorguson@edc.org or 202-572-3737).

National Action Alliance for Suicide Prevention Responds to New Research Showing Surge in Self-Inflicted Injuries Among Youth Emergency Department Visits

Washington, D.C. (November 22, 2017)— A new research letter released in the *Journal of the American Medical Association* highlights trends in nonfatal self-inflicted injuries (i.e. deliberate physical harm against oneself inclusive of suicidal and non-suicidal intent) treated in hospital emergency departments (ED) among youth in the U.S. (children, adolescents, and young adults aged 10 to 24 years). Using data from the National Electronic Injury Surveillance System—All Injury Program (NEISS_AIP), researchers from the Centers for Disease Control and Prevention (CDC) – a partner of the National Action Alliance for Suicide Prevention (Action Alliance) – found:

- From 2001-2015, NEISS-AIP captured 43,138 youth self-inflicted injury ED visits from 66 U.S. hospital EDs
- From 2008 to 2015, the overall weighted, age-adjusted rate of self-inflicted injury ED visits for youth aged 10-24 years increased 5.7% per year.
- Age-adjusted rate of self-inflicted injury ED visit for males, overall and across age groups, remained stable throughout 2001-2015
- Overall, age-adjusted rate of self-inflicted injury ED visit for females increased 8.4% yearly from 2009 to 2015.
- Younger girls experienced the most pronounced rate increases in self-inflicted injury ED visit rates -- among females aged 10 to 14 years, there was an 18.8% annual increase from 2009 to 2015.

As the data points out, self-inflicted injury is one of the strongest risk factors for suicide. While the data highlight that the findings coincide with increased reports of depression among youth, especially young females, it is important to recognize that suicide is a result of complex interactions of risk factors (e.g. age, gender, ethnicity, environment). There is no single factor that leads to suicide and thus there is no single approach to reduce the suicide rate in the U.S. To reach those who may be at risk for suicide, such as youth ages 10 to 24 – suicide was a second leading cause of death among this age group during 2015 – requires using a comprehensive approach to suicide prevention and strategies that mitigate and promote protective factors – both within and outside of health settings.

To ensure communities know where to start and what they can do to implement comprehensive suicide prevention efforts, the Action Alliance and several of its national and community partners jointly released two resources that synthesize current knowledge about community-based suicide prevention and emphasize the need for comprehensive efforts that combine multiple strategies that work together to prevent suicide. The strategies and elements outlined in the two resources (1. *Transforming Communities: Key Elements for Comprehensive Community-based Suicide Prevention*, and 2. *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*) support the goals and objectives of the *National Strategy for Suicide Prevention*—which calls for a comprehensive approach to prevention, inclusive of preventing risk before it starts, implementing evidence-based programs and practices, identifying and supporting those at risk, and caring for survivors and people with lived experience.

Research demonstrates that community-based efforts can reduce suicidal behavior. Counties that received a SAMHSA youth suicide prevention grant and implemented youth suicide prevention programming were found to have reduced youth suicide rates and attempt rates when compared to counties without funded youth suicide prevention programming. However, efforts must be maintained to sustain the progress. Several National Institutes of Health (NIH)-funded prevention programs aimed at reducing risk factors (e.g., aggression, family conflict) for suicide also reported preventing suicidal thoughts and behaviors for as long as a decade. Many other examples of evidence-based policies, programs, and practices at the individual, relationship, and community levels can be found in the CDC technical package.

As the data show, working within health care settings, particularly EDs, is also a key part in advancing suicide prevention in the U.S. Individuals with suicide risk are often seen in EDs, and in recent years, EDs have experienced an increase in patients presenting with self-inflicted injury and suicidal ideation. Between 2006 and 2013, ED visits associated with suicidal ideation increased an average of 12 percent each year among adults. The current analysis now shows substantial yearly increases for self-inflicted injury among youth.

The *National Strategy for Suicide Prevention* calls for the promotion of continuity of care and the safety and well-being of all patients treated for suicide risk in EDs or hospital inpatient units. In the largest-ever study on ED-based interventions for suicide, funded by the National Institute of Mental Health, researchers found that suicide attempts decreased by 30 percent in the year following the receipt of a combination of brief interventions, including screening in the ED, safety planning, and subsequent periodic phone check-ins. EDs are in a unique position to close the current gap in care – from discharge to that first outpatient appointment – to promote this brief but life-saving continuity of care.

The Suicide Prevention Resource Center, which operates and a manages the Action Alliance, offers guidance on how EDs can provide safe, effective care, as individuals transition from hospital to community.

The Action Alliance encourages widespread awareness and understanding of the youth suicide warning signs as well as resources for youth who are in crisis.

Recently released consensus guidelines identified the following youth suicide warning signs:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress

- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above.

If a youth is in crisis, call the National Suicide Prevention Lifeline at 800-273-TALK (8255). The National Suicide Prevention Lifeline is free, confidential, and available 24 hours a day.

The data underscore the need to work with all sectors – public and private – to reach more people in the U.S. and reinforces the importance of the Action Alliance which serves as the nation's public-private partnership aimed at advancing the *National Strategy for Suicide Prevention* and reducing the annual suicide rate 20 percent by 2025.

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YOUTH SUICIDE PREVENTION RESOURCES:

- Youth Suicide Warning Signs - Consensus guidelines on youth suicide warning signs.
- National Suicide Prevention Lifeline - Youth Resources - Resources for youth, including how to access the National Suicide Prevention Lifeline and other resources for youth in crisis.
- Society for the Prevention of Teen Suicide - Resources for youth who may be having suicidal thoughts. You can also find information on how to cope if a friend dies by suicide.
- Suicide Prevention Resource Center - Resources for parents, guardians, and other family members.
- The Trevor Project - Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth ages 13–24. The Trevor Helpline is a 24-hour toll-free suicide hotline at 1-866-488-7386. TrevorChat is available 7 days a week between 3 p.m. and 9 p.m. ET. Trevor Text is available on Thursdays and Fridays between 4 p.m. and 8 p.m. ET. Text "Trevor" to 202-304-1200.
- Youth Suicide Prevention Program - Information for teens about suicide and suicide prevention, depression, how to help, and where to get help.
- American Foundation for Suicide Prevention - Information about how to talk to children and teens about suicide and mental health.

FOR MEDIA PARTNERS: Research shows that the media may influence suicide rates by the way they report on suicide. Evidence suggests that when the media tells stories of people positively coping in suicidal moments, more suicides can be prevented. We urge all members of the media working on these stories to refer to the Recommendations for Reporting on Suicide for best practices for safely and accurately reporting on suicide. For stories of persons with lived experience of suicidality and finding hope, refer to http://www.lifelineforattemptsurvivors.org/.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION: The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and reduce the suicide rate 20 percent by 2025. Support for Action Alliance initiatives comes from the public and private sector. The Substance Abuse and Mental Health Services Administration provides funding to EDC to operate and manage the Secretariat for the Action Alliance which was launched in 2010.