

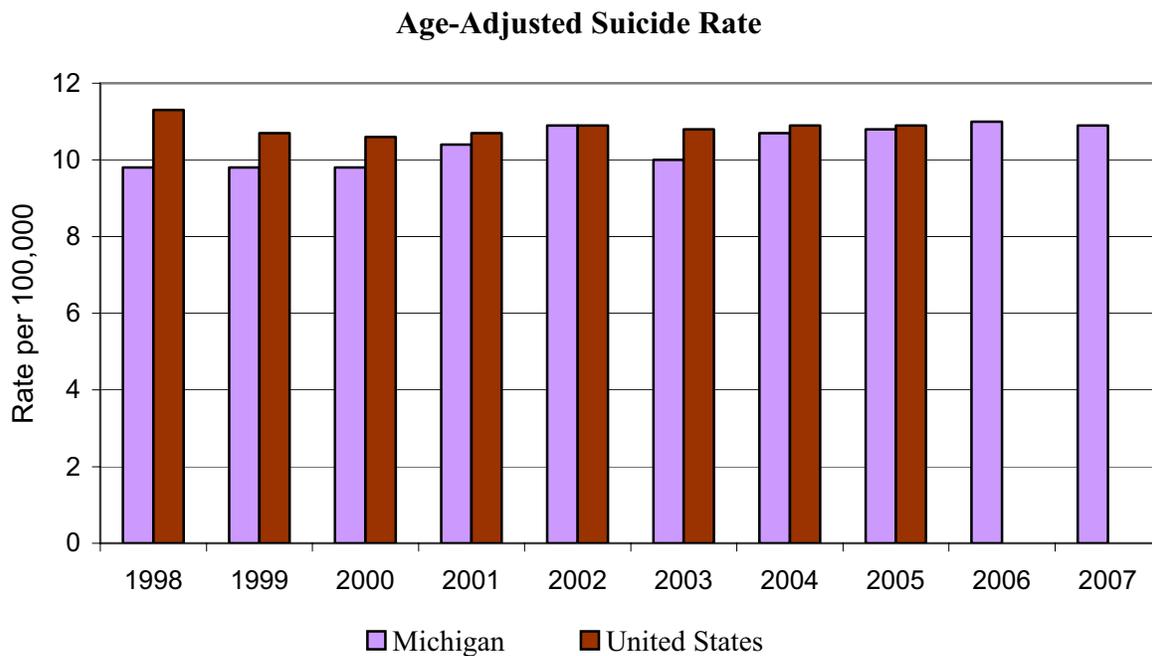


## Topic: Mental Health

### 30. Suicide

Suicide is death caused by injury (including suffocation and poisoning) where there is either implicit or explicit evidence that the injury was self-inflicted and the decedent intended to kill himself or herself. Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority has depressive illness. The most promising way to prevent suicide and suicidal behavior is through early recognition and treatment of depression and other psychiatric illnesses.

#### *How are we doing?*



In 2006, suicide was the tenth leading cause of death and the fifth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75 in Michigan. In 2007, there were 1,123 Michigan resident suicides. The corresponding age-adjusted rate was 10.9 per 100,000 residents. The suicide rate has remained statistically stable since 1990.

#### *How Does Michigan compare with the U.S.?*

In 1998, the U.S. suicide rate was 13% greater than Michigan’s rate. By 2005, the two rates were virtually equivalent as Michigan’s rate had increased 10% while the national rate had decreased 3.5%.

#### *How are different populations affected?*

White males ages 75 years and older have the highest rate of completed suicide. Between 2002 and 2006, males had rates that were more than four times female rates (17.6 per 100,000 and 4.2 per 100,000, respectively), and whites had rates more than double African-American rates (11.8 per 100,000 and 5.6 per 100,000, respectively). Males most commonly utilized firearms to complete suicide (57%), while for females the leading mechanism was poisoning 43%.



## Critical Health Indicators

Suicide was the third leading cause of death in Michigan in 2006 for persons ages 15-34 (13.5%). In 2007, 15% of high school students reported having seriously considered suicide, and one in every 11 high school students (9.1%) reported having attempted suicide one or more times in the past year with three percent of respondents requiring medical attention after an attempted suicide.

### ***What is the Department of Community Health doing to improve this indicator?***

The Department responds directly to persons who are at risk as a result of mental illness by providing psychiatric inpatient care at three adult and one child and adolescent state-operated psychiatric hospitals, as well as one community hospital. Community Mental Health Service Programs (CMHSPs), through contract with the department, offer services such as psychiatric inpatient care, hospital-based crisis observation care, intensive crisis residential and stabilization services, and assertive community treatment. CMHSPs offer wrap-around services to minors with serious emotional disturbances or serious mental illness and their families, and include treatment and personal support services to maintain children in their homes. Currently, five grants support suicide prevention in the older adult population. All CMHSPs continue to provide and expand their services to persons with serious mental illness who reside in county jails, detention facilities, or are under court supervision and on parole.

In 2005, the Surgeon General released the Suicide Prevention Plan for Michigan, which was developed by the Michigan Suicide Prevention Coalition. Based on the national suicide prevention strategy, the plan's goals are to increase awareness, develop and implement best clinical and prevention practices, and advance and disseminate knowledge about suicide and effective methods for prevention. As part of the plan's implementation process, the MDCH has established the Michigan Suicide Prevention Program and has published a resource directory of organizations and programs in the state working on suicide prevention. The Suicide Prevention Plan for Michigan can be found at: [www.michigan.gov/documents/Michigan\\_Suicide\\_Prevention\\_Plan\\_2005\\_135849\\_7.pdf](http://www.michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf).

In 2006, the MDCH was awarded a Garret Lee Smith Youth Suicide Prevention Grant from the Substance Abuse and Mental Health Service Administration. Grant activities over three years include a health communication campaign, training of trainers in evidence-based prevention programs, and community suicide prevention program development grants.