



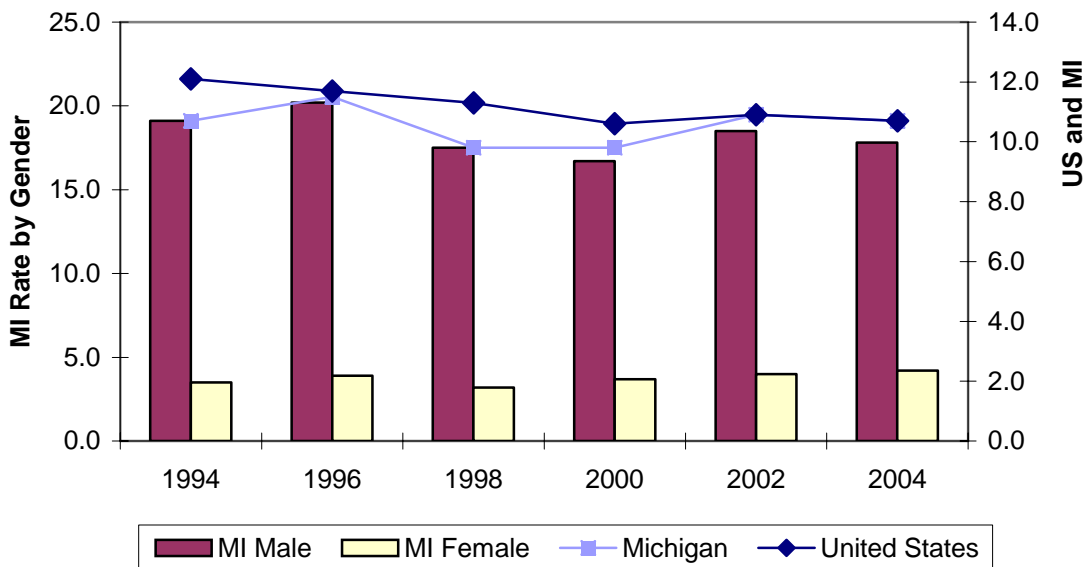
Topic: Mental Health

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 have depressive illness. The most promising way to prevent suicide and suicidal behavior is through early recognition and treatment of depression and other psychiatric illnesses. Suicide is the fifth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75 in Michigan.

How are we doing?

**Number of Suicides in Michigan and the United States
Suicide Death Rates by Gender in Michigan 1994-2004**



In 2005, there were 1,103 suicide deaths in Michigan. The age-adjusted rate for suicide was 10.8 per 100,000 of the population. The suicide rate has remained statistically stable over the past decade.

How Does Michigan compare with the U.S.?

In 2004, the latest year in which national data is available, the age-adjusted rate for suicide was the same for Michigan and the United States. Suicide was the 10th leading cause of death for people of all ages in Michigan, and 11th in the United States.

How are different populations affected?

In 2005, older men (ages 65+) had the highest rate of completed suicide, with men 45–54 years old having the second highest rate, followed closely by men 35–44 years old. Michigan men are over four times more likely to die by suicide than women (17.5 per 100,000 and 4.5 per 100,000, respectively), but women are three times more likely to attempt suicide. Firearms are the most common method used for completing suicide.



Suicide was the third leading cause of death in Michigan in 2005 for persons ages 15-34 (13.5%). That year, 16% of high school students reported having seriously considered suicide, and one in every 11 high school students (9.3%) reported having attempted suicide one or more times in the past year with three percent of respondents requiring medical attention after an attempted suicide. In 2004, White residents were more than twice as likely (12.0 per 100,000) to die by suicide than Black residents (5.5 per 100,000).

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.

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.