



Oct 2007

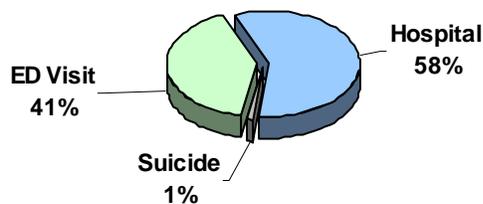
# Self-Inflicted Injury and Injury-related Behaviors Miami-Dade Co. Residents Aged 10-19 Years Old, 2005

**MIAMI-DADE COUNTY INJURY FACTS**

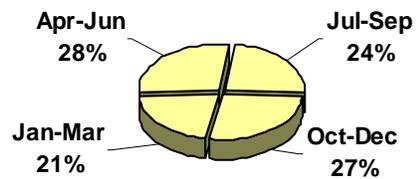
Suicide and nonfatal self-inflicted injury are serious public health problems. This fact sheet describes the incidence of self-inflicted injury among county adolescents 10-19 years old who were either treated in emergency departments (ED), hospitalized or who took their lives via suicide during 2005. Completed suicides are relatively rare events among Miami-Dade youth with many more adolescents hospitalized or treated in an ED for suicide attempts. Boys commit suicide more often than girls while girls attempt suicide at a far greater rate than boys.

There are limitations when using ED and hospital data to identify suicide attempts because some patients will not disclose that their injury was intentional and self-inflicted. To help minimize this undercount, injuries were defined as being self-inflicted if there was either an injury or a mental health disorder listed as the primary diagnosis with an accompanying diagnosis code of self-inflicted injury elsewhere within the medical record.

**Self-Inflicted Injury  
Residents Aged 10-19 Years  
by Source of Treatment, 2005**

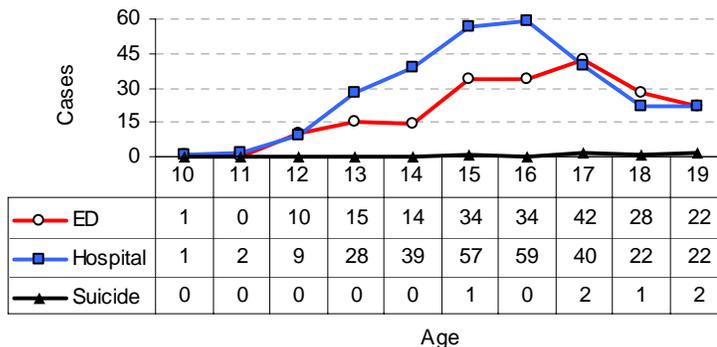


**Self-Inflicted Injury  
Residents Aged 10-19 Years  
by Time of Year 2005**



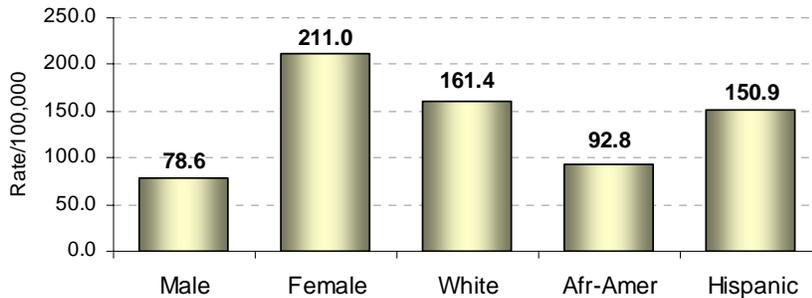
During 2005, 485 county residents aged 10-19 were either medically-treated or died from self-inflicted injuries. A total of 200 (41%) were treated and released from emergency departments, another 279 (58%) were hospitalized and 6 victims (1%) took their lives via suicide. Many popular articles have suggested a link between the winter holidays and suicides. The incidence of self-inflicted injury in the county was relatively the same year round but highest during the spring and fall months. Four of the six suicides were completed in the spring of 2005.

**Frequencies of Self-Inflicted Injuries by  
Source of Treatment & Age  
ED Visits, Hospitalizations and Deaths, 2005**



In 2005 hospitalizations for self-inflicted injury began to escalate after age 11 and peaked at ages 15-16 while ED visits increased gradually after age 11, peaked at age 17 then declined for 18-19 year olds. The six suicide victims were between the ages of 15-19 years old.

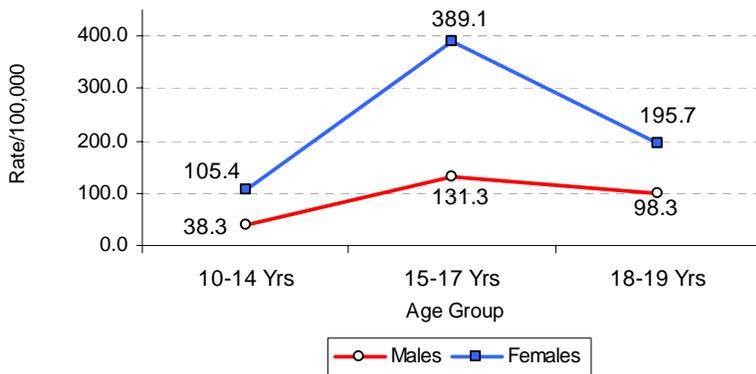
**Self-Inflicted Injury Rates by Gender, Race and Ethnicity**  
ED Visits, Hospitalizations or Fatalities, 2005



Overall, females aged 10-19 had the highest rate of suicide or suicide attempts, more than twice the rate observed for males.

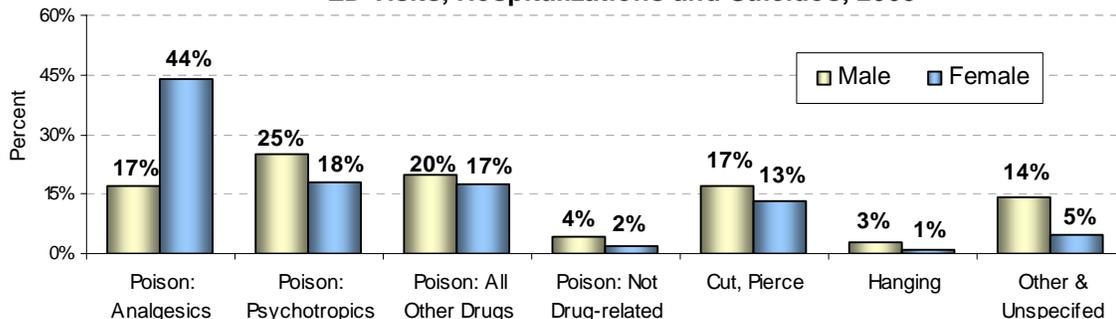
African-Americans were least likely to be treated for a suicide or suicide attempt while Whites and Hispanics experienced similar injury rates.

**Self-Inflicted Injury Rates by Age Group & Gender**  
ED Visits, Hospitalizations or Fatalities, 2005



Self-inflicted injury peaked among 15-17 year olds. Females aged 15-17 were at greatest risk for a self-inflicted injury, with a rate nearly 3 times greater than comparably aged males and more than twice as high as females aged 18-19 years old.

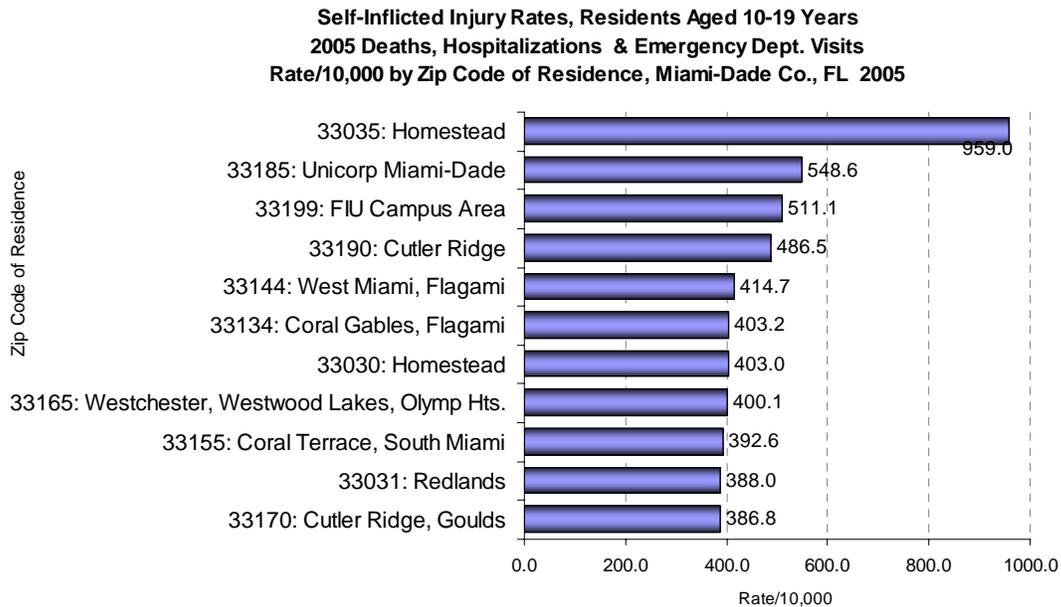
**Mechanism of Self-Inflicted Injury by Gender**  
ED Visits, Hospitalizations and Suicides, 2005



- Poisoning was the chosen method for 81% of female and 66% of male suicide attempts. Females were more likely to use analgesic drugs (44%) while males used psychotropic drugs (25%) more often than any other poisoning agent.
- Of the 6 suicides, three were males (2 hanging, 1 firearm) and three were females (3 hanging).
- ED and hospitalized cases had similar distributions for the method of nonfatal suicide attempts.
- Limitations in the medical record documentation prevented the identification of how the suicide was attempted for 14% of male victims and 5% of female victims.

### Communities Affected by Youth Self-Inflicted Injury

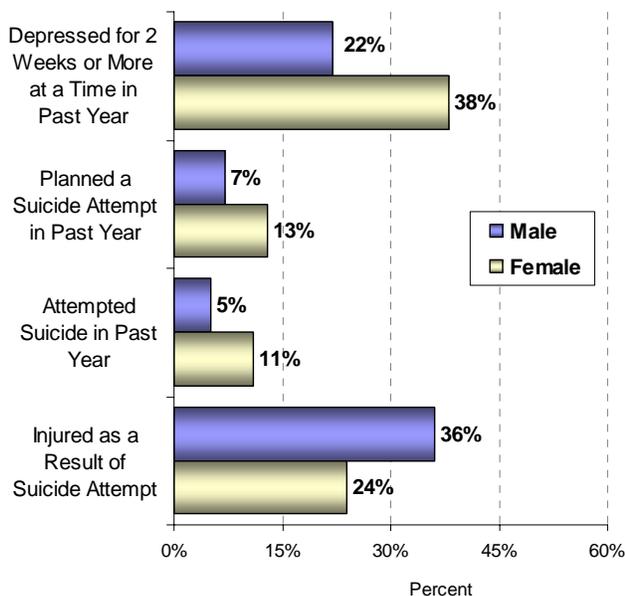
The graph below shows the zip codes with the 10 highest rates of youth self-inflicted injury and the county rate. The zip code 33182 in west Miami-Dade County (10 cases: 4 ED visits, 6 hospitalizations) and the zip code 33030 in Homestead (22 cases: 14 ED visits, 8 hospitalizations) experienced the highest self-inflicted injury rates among their adolescents in 2005.



### 2005 High School Youth Risk Behavior Survey

The Youth Risk Behavior Survey was developed by the Centers for Disease Control and Prevention to provide information about the prevalence of selected health-risk behaviors among youth. The survey is conducted every other year at the national, state and local levels and is administered locally by the Office of Program Evaluation at Miami-Dade County Public Schools. Below are results from the 2005 YRBS administered to high school students (grades 9-12) that addressed suicide-related behaviors.

**Self-Inflicted Injury-related Behaviors by Gender,  
Miami-Dade Co. High School Students, 2005**



- More than 1/3 of female students and 1 in 5 male students reported they were depressed for at least 2 weeks at a time over the previous year.
- Nearly 1 in 10 county high school students reported that they had seriously planned out a suicide attempt during the previous 12 month period. Females were twice as likely as males to report planning a suicide attempt.
- One in 10 females reported that they attempted a suicide in the previous year compared to 1 in 20 male students.
- Among only those students that reported to have attempted suicide, 36% of males and 24% of females said that their suicide attempt resulted in their needing medical treatment for an injury.

## Teen Suicide Prevention Points from the American Academy of Pediatrics

If your teenager has been depressed, you should look closely for signs that he or she might be thinking of suicide:

- Has his/her personality changed dramatically?
- Is he/she having trouble with a girlfriend/boyfriend? Or is he/she having trouble getting along with other friends or with parents? Has he withdrawn from people he used to feel close to?
- Is the quality of his/her schoolwork going down? Has he/she failed to live up to their own or someone else's standards (when it comes to school grades, for example)?
- Does he/she always seem bored, and is he/she having trouble concentrating?
- Is he/she acting like a rebel in an unexplained and severe way?
- Is she pregnant and finding it hard to cope with this major life change?
- Has he/she run away from home?
- Is your teenager abusing drugs and/or alcohol?
- Is your teenager complaining of headaches, stomachaches, etc., that may or may not be real?
- Have his/her eating or sleeping habits changed?
- Has his/her appearance changed for the worse?
- Is he/she giving away some of his/her most prized possessions?
- Is he/she writing notes or poems about death?
- Does he/she talk about suicide, even jokingly? Has he/she said things such as, "That's the last straw," "I can't take it anymore," or "Nobody cares about me?" (Threatening to kill oneself precedes four out of five suicidal deaths.)
- Has he/she tried to commit suicide before?

If you suspect that your teen-ager might be thinking about suicide, don't remain silent. **Suicide is preventable**, but act quickly.

- Ask your teenager about it. Don't be afraid to say the word "suicide." Getting the word out in the open may help your teenager think someone has heard his cries for help.
- Reassure your teenager that you love him/her. Remind them that no matter how awful their problems seem, they can be worked out, and you are willing to help.
- Ask your teenager to talk about his/her feelings. Listen carefully. Do not dismiss their problems or get angry.
- Remove all lethal weapons from your home, including guns, pills, kitchen utensils and ropes.
- Seek professional help. Ask your teenager's pediatrician to guide you. A variety of outpatient and hospital-based treatment programs are available.

### Produced by the Miami-Dade County Injury Surveillance System

Data Sources: Death Certificates, Hospital Discharge & Emergency Department Data

Office of Program Evaluation, Miami-Dade County Public Schools

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<http://dadehealth.org/injury/INJURYintro.asp>

