

Data Spotlight

Drug Abuse Warning Network

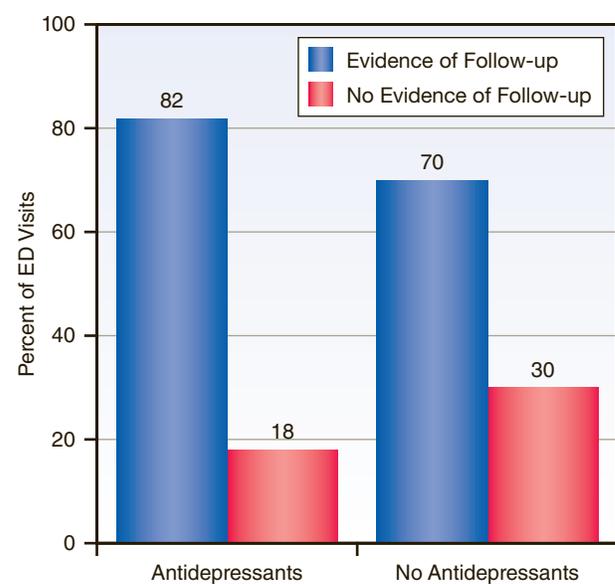
October 10, 2012

Emergency Department Visits for Drug-Related Suicide Attempts Involving Antidepressants More Likely to Result in Follow-up Care among Adolescents

Emergency departments (EDs) are a key access point to the health care system for youths who attempt suicide where timely intervention and follow-up care¹ can help address associated mental health and substance abuse problems.² Data from the 2008 to 2010 Drug Abuse Warning Network (DAWN) showed that an annual average of 22,434 drug-related ED visits involving suicide attempts³ were made by adolescents aged 12 to 17. Most of these visits (72 percent) had evidence of referral for follow-up care, and visits involving antidepressants were more likely to result in referral for follow-up care than visits not involving antidepressants (82 vs. 70 percent) (Figure).

Although DAWN data does not provide information on patient medical history, antidepressant involvement in a drug-related suicide attempt may indicate that the patient has been treated for depression. Although it is important to maintain the high follow-up rates for ED visits involving drug-related suicide attempts, all adolescent suicide attempts should receive the attention needed to identify and adequately treat existing mental health problems. If an adolescent patient is released to return home from the ED, personnel can provide information to the family on outpatient services, crisis lines, and instructions on when a return visit to the ED may be warranted.⁴ Suicide prevention resources for health care providers are available at <http://www.samhsa.gov/prevention/suicide.aspx>.

Receipt of Follow-up Care among Emergency Department (ED) Visits for Drug-Related Suicide Attempts by Adolescents Aged 12 to 17, by Antidepressant Involvement*: 2008 to 2010



*The difference in follow-up between ED visits involving antidepressants and those not involving antidepressants is significant at the .05 level.

¹ Visits with evidence of follow-up care include referral to detoxification services/substance abuse treatment, admission to the hospital, or transfer to another facility.

² National Institute of Mental Health. (n.d.). *Suicide in the U.S.: Statistics and prevention* (NIH Publication No. 06-4594). Retrieved from <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>

³ For a suicide attempt to be included as a DAWN case, the ED visit must have involved a drug, either as the direct cause of the visit or as a contributing factor. Although DAWN includes only suicide attempts that involve drugs, these attempts are not limited to overdoses. Also included are suicide attempts made by other means (e.g., by firearm) when drugs are involved.

⁴ Center for Mental Health Services. (2006). *After an attempt: A guide for medical providers in the emergency department taking care of suicide attempt survivors* (DHHS Pub. No. SMA 08-4359). Rockville, MD.: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/shin/content/SMA08-4359/SMA08-4359.pdf>

Source: The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the United States.

The **Data Spotlight** may be copied without permission. Citation of the source is appreciated. Find this report and those on similar topics online at <http://www.samhsa.gov/data/>.

