

WESTWARD EXPANSION

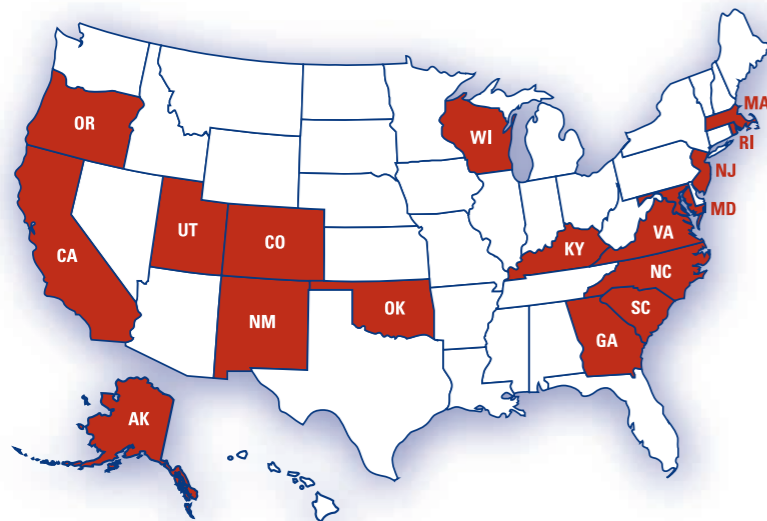
As a result of an increase in the Congressional appropriation in FY04, Kentucky, New Mexico, Utah, and California now participate in NVDRS. The addition of three new Western states is particularly exciting because it expands the system's ability to compare and contrast trends from one region to the next. A major portion of the '05 appropriation will be used to expand California's project.

While the full 50-state system will eventually require an annual allocation of \$20 million, current funds have allowed the existing 17 states

to install NVDRS technology and begin data collection. The first six states to join NVDRS have submitted data on violent death for 2003, and 13 states have done so for 2004.

As NVDRS matures, this critical public health tool will continue to provide new insight into circumstances surrounding child abuse, intimate partner violence, suicide and homicide – equipping doctors, police, policymakers, families, and others with the information they need to act to reduce violence.

■ NVDRS State



GETTING A HANDLE ON SUICIDE

Prevention specialists nationwide, from the Federal government to private foundations and nonprofit organizations, are already using pooled data on suicide from the Harvard School of Public Health's National Violent Injury Statistics System (NVISS), a pilot for NVDRS.

Prozac Nation: In 2004, the controversy over the safety of prescribing antidepressants to youth caused widespread alarm. With data on antidepressant use by suicide victims in short supply, witnesses



testifying at Food & Drug Administration hearings turned to researchers at NVISS for numbers. Data collected in five states and six counties showed that of approximately 2,800 victims tested for the presence

"The information produced by the Violent Injury Statistics System (VISS) provides insight into the circumstances and relationships of violent deaths in our county. Detailed information such as this is not available elsewhere and can help guide us in combating violence and reducing crime."

Mayor Carlos Alvarez
Miami-Dade County Mayor

of antidepressants, 11% of youth, and 21% of adults ages 18 and up tested positive.

Researchers worried that the relatively low rates among a group expected to have high rates of medication use might be due to limitations of the tests themselves. But an NVISS survey of labs in the reporting areas indicated most used tests that detect therapeutic levels of SSRIs, tricyclics, and atypical antidepressants, the three most widely prescribed antidepressant categories. If the test results are accurate, 89% of youth suicide victims were not taking antidepressants at the time of their suicide.

Digging Deeper: These results led to a different concern: victims might not be receiving the care they should. NVISS researchers looked at victims who were in current treatment for mental health problems and suffered from depression. Three-quarters were tested for the presence of an antidepressant, but only 54% tested positive: a low proportion in a group expected to be on antidepressants. The results, if accurate, raise questions about patient compliance and whether providers are monitoring patients' progress adequately.



Data like these impelled doctors at one hospital in San Francisco

to propose that the psychiatric service, trauma service, and violent death reporting system cooperate to identify psychiatric patients who go on to attempt or complete suicide to spot ways to improve care.

Beyond College Campuses:

The pilot data have also helped suicide prevention groups set priorities. The Jed Foundation works to improve education and intervention programs on college and university campuses to reduce the suicide rate among students. NVISS provided the foundation with details on how victims ages 18-24 differ from other age groups. Intimate partner break-ups stood out as the most frequently mentioned precursor, mentioned in about half of all young adult suicides. The data also highlighted the importance of reaching beyond college campuses. Among the 18-24 year-olds (a total of 181 victims), less than 20% were noted as students, and only two of the incidents appeared to have occurred on a college campus.

Putting the Data to Work: Suicide findings have gone straight into the hands of safety educators, like *Operation Lifesaver, Inc.* – a railroad safety organization that has begun to focus on the issue of railroad suicides – and to regional trainings that NVISS has sponsored for members of *statewide suicide prevention coalitions* in the Northeast.



"Maine has the highest teen suicide rate in New England. We know that one of the first steps towards preventing these deaths is improving our systems of data collection. By linking information across agencies we have been able to get a clearer portrait of why these suicides happen and how we can act to stop them."

David Clark, MD
Trauma Surgeon, Maine Medical Center

For more information about NVDRS or how to apply, visit <http://www.cdc.gov/ncipc/profiles/nvdrs/facts.htm>

For a brochure that explains the public health approach to suicide prevention, please visit http://www.hsph.harvard.edu/hicrc/nviss/about_parent_nvdr.htm or call 617-432-1143.