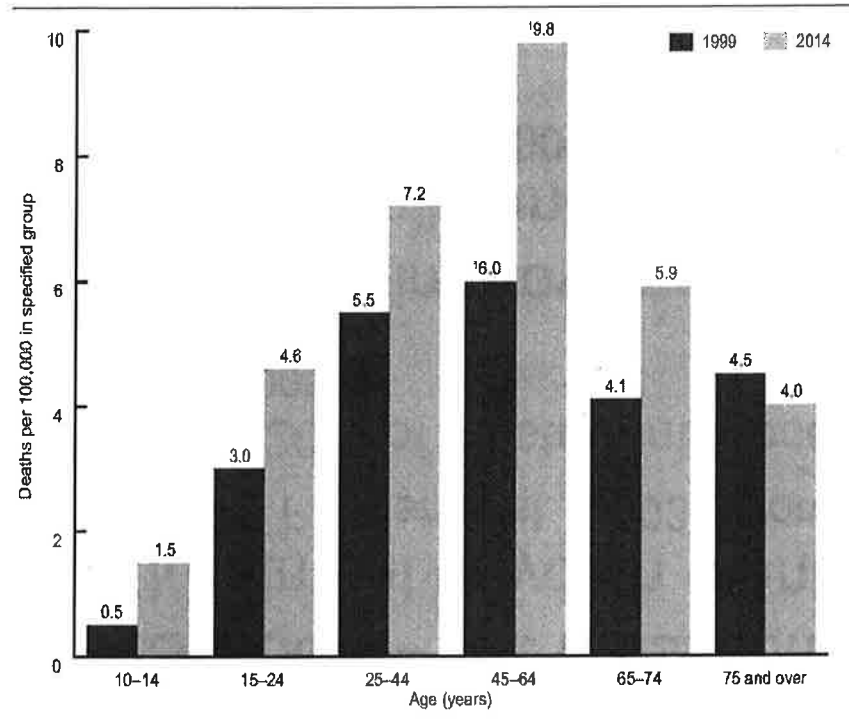


Suicide is a Public Health Problem

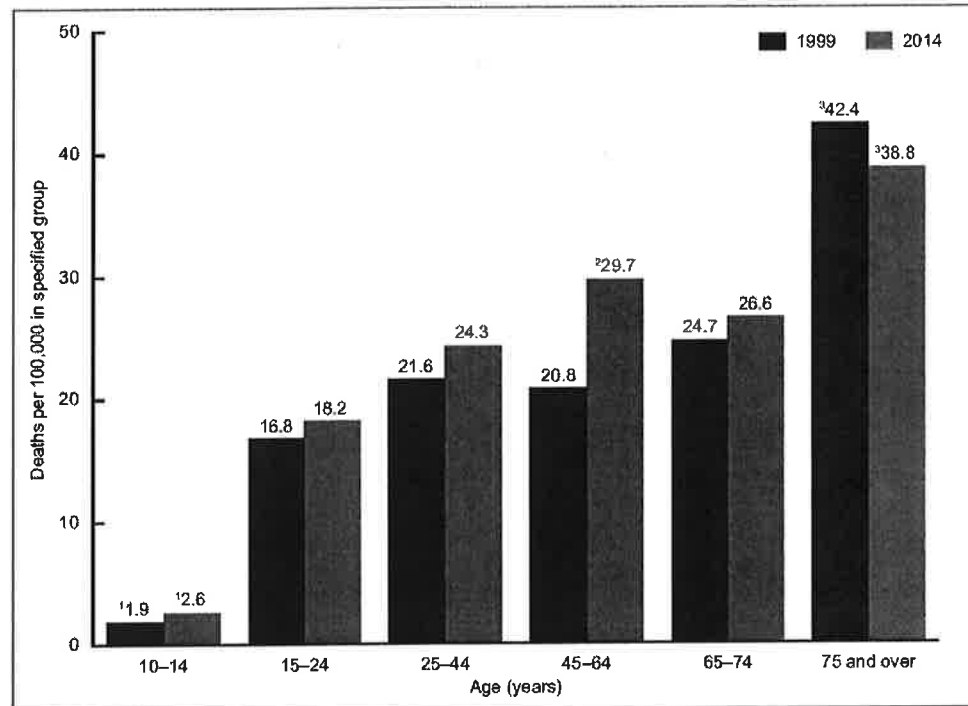
Suicide Rates from National Vital Statistics System, 1999-2014 (Curtin et al, 2016)

Figure 2. Suicide rates for females, by age: United States, 1999 and 2014



Significantly higher than rates for all other age groups ($p < 0.05$).
 NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant ($p < 0.05$). Suicides are identified with codes U03, X80-X84, and Y87.0 from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. Access data for Figure 2 at: http://www.cdc.gov/nchs/data/databriefs/db241_table.pdf#2.
 SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 3. Suicide rates for males, by age: United States, 1999 and 2014



¹Significantly lower than rates for all other age groups ($p < 0.05$).
²Significantly higher than rates for all other age groups except 75 and over ($p < 0.05$).
³Significantly higher than rates for all other age groups ($p < 0.05$).
 NOTES: For all age groups, the difference in rates between 1999 and 2014 is significant ($p < 0.05$). Suicides are identified with codes U03, X80-X84, and Y87.0 from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. Access data for Figure 3 at:

Importance of the School Context

- Mental health and academic problems commonly co-occur (DeSocio & Hootman, 2004; Roeser et al., 1999)
- Schools = the most common site for the identification and treatment of youth mental health problems (Costello et al., 2014; Farmer et al., 2003; Lyon et al., 2013)
 - ~20% of all students receive SMH services annually (Foster et al. 2005)
- Schools improve service access for traditionally underserved youth (Kataoka et al., 2007; Lyon et al., 2013)

