

<p>CG: Henry Spiller Nationwide Children's Hospital</p>	<p>TOTAL OF ONE-POINT-SIX MILLION CASES. :12</p> <p><i>"This is thousands a day in the U.S." :03</i></p>
<p>Graphic showing first decade results</p>	<p>DURING THE FIRST DECADE OF THE STUDY PERIOD, REPORTED SELF-POISONINGS REMAINED MOSTLY UNCHANGED. :05</p>
<p>Henry Spiller (CG'd earlier)</p>	<p>(pointing to graph on computer) <i>"Slightly decreasing until about 2010, 2011, and then suddenly a dramatic increase." :05</i></p>
<p>Graphic: Youth Self-Poisonings -More than doubled after 2011 -71% Girls under 19</p>	<p>AT THIS POINT IN THE STUDY, INTENTIONAL SELF-POISONING CASES AMONG SCHOOL-AGED YOUTH MORE THAN DOUBLED.</p> <p>THE INCREASE WAS DRIVEN MOSTLY BY GIRLS UNDER THE AGE OF NINETEEN, ACCOUNTING FOR SEVENTY-ONE PERCENT OF REPORTED SELF-POISONING CASES.</p>
<p>Shot of Spiller reviewing data</p>	<p>AND SUICIDE ATTEMPTS ARE NOT ONLY ON THE RISE, BUT ARE ALSO RESULTING IN MORE SEVERE OUTCOMES. :18</p>
<p>Henry Spiller (CG'd earlier)</p>	<p><i>"The most dramatic increases were in the younger-age children: 10 to 12, 13 to 15, 16 to 18, school-age children." :11</i></p>
<p>Shot of mother and daughter Shot of group of teens talking</p>	<p>REVERSING THE TREND IN YOUTH SUICIDE AND SUICIDE ATTEMPTS NEEDS TO BE A COMMUNITY EFFORT INVOLVING PARENTS, KIDS, SCHOOLS AND HEALTH CARE PROVIDERS. :07</p>
<p>John Ackerman (CG'd earlier)</p>	<p><i>"We need to have a dialogue about this so that kids who are encountering this at a young age get that help early through screening, through conversation, through checkups. That is a critical point of contact that can help a young person be identified and supported many years before they typically do get supported." :19</i></p>
<p>Shot of doctor speaking with child</p>	<p>BY TAKING A PROACTIVE APPROACH AND GIVING MENTAL HEALTH THE SAME RESOURCES AND ATTENTION AS PHYSICAL HEALTH, EXPERTS SAY MORE KIDS WILL GET THE HELP THEY NEED. :07</p>
<p>Shot of teen talking to doctor Shot of teen on phone</p>	<p><i>"As we reduce the stigma and increase the comfort around these difficult conversations, we will absolutely make a difference." :07</i></p>
<p>John Ackerman (CG'd earlier)</p>	<p>AT NATIONWIDE CHILDREN'S HOSPITAL, THIS IS BARB CONSIGHLIO REPORTING. :03</p>
<p>Shot of teens at park</p>	<p>AT NATIONWIDE CHILDREN'S HOSPITAL, THIS IS BARB CONSIGHLIO REPORTING. :03</p>

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CG: John Ackerman MD
Nationwide Children's Hospital

Ackerman says use available tools to talk about mental health:
01:16:02 "If we're going to ask our families to have a conversation about suicide, if we're going to ask our healthcare providers to screen and get into these dialogues, then we need tools for them to follow up with. We need to give them particular language to use, and so some of these resources that we have can be found on the On Our Sleeves page through Nationwide Children's Hospital." :23

Ackerman says lives are saved through early intervention:
"We've already seen a number of young people's lives saved, and really, attempts averted because we've identified these kids really early." :10

Ackerman says ask kids about their feelings and be prepared for their answer:
"Look for changes, and then be there when they do say, 'Yeah, I have thought about this.' Be prepared for that response. Be calm and curious about what might come next because you can really be helpful." :12

References

¹*Recent Increases in Injury Mortality Among Children and Adolescents Aged 10–19 Years in the United States: 1999–2016. Centers for Disease Control National Vital Statistics Reports, Volume 67, Issue 4, June 1, 2018.* Online:

https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_04.pdf

²*Sex- and Age-specific Increases in Suicide Attempts by Self-Poisoning in the United States among Youth and Young Adults from 2000 to 2018, The Journal of Pediatrics, May 1, 2019.*

Online: [https://www.jpeds.com/article/S0022-3476\(19\)30277-X/fulltext](https://www.jpeds.com/article/S0022-3476(19)30277-X/fulltext).

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