

In 2016, suicide claimed nearly 45,000 lives in the United States, mostly white men (69 percent), making it the 10th leading cause of death in America and a major public health challenge.^{1,2,3}

Suicide is linked to the same risk factors as self-mutilation, child maltreatment, sexual violence, bullying, elder abuse and other forms of violence.⁴ It also is amenable to the same comprehensive public health solutions — emphasizing science-based efforts to intervene with families, communities and the broader society *upstream*, before harm occurs.⁵ Already, researchers have documented the success of important suicide prevention efforts, making this a winnable battle to bring troubled individuals back from the edge.⁶

The ultimate goal, as voiced by the National Action Alliance for Suicide Prevention, is to “create a culture that no longer sees suicide as an unavoidable outcome, and to further improve risk identification, treatment, and prevention approaches. . . .”

The Basics: 44,965 Lives and Counting

Suicide is on the rise.

- In 2016, there were 13.9 suicide deaths per 100,000 U.S. residents (13.4 age-adjusted), compared with 12.4 (12.1 age-adjusted) in 2010 and 10.4 (10.4 age-adjusted) in 2000.⁷

Suicide is tied to some of the same risk factors as other forms of violence:⁸

- Income inequality, economic stress, high unemployment.
- Media violence and harmful norms around masculinity and femininity.
- Community violence, poor neighborhood cohesion.
- Family conflict, lack of social support, poor social problem-solving skills.
- History of violent victimization or witnessing violence.
- Mental health conditions or substance use.
- Low educational achievement.

Suicide is also linked to other risk factors:⁹

- Access to lethal means — firearms are involved in 51 percent of suicide deaths, suffocation in 26 percent, and drugs and other toxic substances in 15 percent.¹⁰
- Prolonged stress, such as from chronic pain or long-term harassment.
- Adverse life events, such as divorce, job loss or death of a loved one.
- Exposure to another person’s suicide or to graphic or sensationalized accounts of suicide.
- Family history of suicide, previous suicide attempts.

Although anyone may have suicidal tendencies, some groups are at higher risk. (All data from 2016, unless otherwise noted.)

- The two age groups with the highest rates of suicide death are 45 to 64 [19.2 /100,000 (19.3 age-adjusted)] and 75 and older [18.4/100,000 (18.4 age-adjusted)].¹¹
- Almost four times more men than women die by suicide: 34,727 suicide deaths among men versus 10,238 among women.¹²
- Among males, whites have the highest suicide death rate [24.8/100,000 (23.8 age-adjusted)], followed by American Indians/Alaska Natives [20.7/100,000 (20.4 age adjusted)].¹³

- Although suicide is rare among children, a recent study found that black children ages 5 to 12 complete suicides at about twice the rate of their white peers.¹⁴ From age 13 to 17, however, the trend reverses: black teens have a roughly 50 percent lower rate of suicide than their white peers. (Historically, suicide rates have been higher among whites than blacks across all age groups in the U.S.)
- After adjusting for differences in age and sex, suicide risk was 22 percent higher among military veterans than U.S. civilian adults in 2014, with the highest rates of suicide among veterans ages 18 to 29. Two-thirds (68 percent) of male veterans who complete a suicide use firearms to do so.¹⁵
- The three states with the highest suicide rates are Alaska (26.0/100,000), Montana (25.6) and Wyoming (24.6). (The three with the lowest rates are New Jersey, New York and Massachusetts.)¹⁶

For every suicide death, there are at least 30 suicide attempts.*

- An estimated 1.3 million adults age 18 or older in 2016 (0.5 percent of all U.S. adults) attempted suicide in the past year, including 1.8 percent of adults ages 18 to 25, 0.5 percent of adults ages 26 to 49, and 0.2 percent of adults age 50 or older.¹⁷
- Compared to heterosexual youth, five times as many lesbian, gay or bisexual youth (in grades 9-12) attempted suicide once or more during the 12 months prior to the 2015 national Youth Risk Behavior Survey (29 percent versus 6 percent).¹⁸
- Twice as many female youths as males youths (in grades 9-12) attempted suicide once or more in the 12 months prior to the 2015 national Youth Risk Behavior Survey (11.6 percent versus 5.5 percent).¹⁹ And Hispanic females (in grades 9-12) had the highest attempt rate of all racial/ethnic groups, at 15 percent.

Suicide Can Be Prevented

In 2013, suicide and suicide attempts cost the United States \$93.5 billion, mostly due to lost productivity and treatment of injuries.²⁰ The emotional cost to survivors is incalculable.

Fortunately, future costs can be avoided with targeted suicide prevention, based on a multi-disciplinary, public health approach that involves:

- *Surveillance* to improve understanding of suicide attempts and suicide deaths and to supply data to gauge the effectiveness of policy changes and other interventions.
- *Reducing risk factors* for suicide, such as access to lethal means.
- *Enhancing factors shown to protect people from engaging in violent behavior*, such as increasing access to mental health and substance abuse treatment, strengthening family support services, enhancing community connectedness, linking youths with caring adults and pro-social peers, and promoting the teaching of problem-solving skills.²¹

Implementing three core interventions — (1) separating suicidal individuals from firearms; (2) providing psychotherapy in emergency care; and (3) adding a car safety feature to prevent suffocation from carbon monoxide inhalation — would reduce suicide deaths by about 20 percent.²² (Many law enforcement agencies and gun retailers are already willing to provide temporary storage for guns when an owner is concerned about the mental health of a family member.²³) Simply providing additional medical, counseling and care linkage services to suicide survivors has been calculated to yield a benefit-to-cost ratio of 6:1.²⁴

Other promising interventions include changes in medication packaging and dispensing, 24-hour access to crisis care, and widespread implementation of school-based suicide prevention programs (e.g., the Good Behavior Game²⁵).²⁶

Future suicide prevention research should prioritize:²⁷

* Calculated based on 43,427 suicide deaths among those ages 18 and older in 2016 (per CDC Fatal Injury Reports) and an estimated 1.3 million adults aged 18 and older who attempted suicide in 2016 (per 2016 National Survey on Drug Use and Health). The actual figure is likely higher, as suicide attempts by adults are more likely to result in death than suicide attempts by youths, who are not included in this data (See, for example, American Association of Suicidology data at www.suicidology.org/Portals/14/docs/Resources/FactSheets/2016/2016datapgsv1b.pdf?ver=2018-01-15-211057-387). Also, this calculation assumes the estimated 1.3 million adults who attempted suicide in 2016 made only one attempt each.

- Following the CDC recommendation that all entities that collect suicide-related data adopt the uniform definitions and recommended data elements detailed in the agency's guidance document, *Self-directed Violence Surveillance*.²⁸
- Using patient registries to test the feasibility of fast-acting medications to reduce suicidal impulses. (A number of U.S. Food and Drug Administration-approved medications may actually increase suicidal thoughts and behaviors in some individuals. The risks and benefits of such medications should be clarified.)
- Testing community strategies to reduce access to lethal means.
- Practical, randomized trials to assess the benefits of health care system changes intended to reduce future suicide risk, and adaptation of appropriate program components for use in other systems that house or manage high-risk populations (e.g., justice and education).
- Studies of media influence and community values on suicidal behaviors.
- Testing approaches to help individuals maintain healthy behaviors; for example, determining how technology can be enhanced to help at-risk individuals build social connections and seek help.
- Including measures of suicidal behavior outcomes into studies targeting known suicide risk factors.
- Improving the adoption, implementation and sustainability of effective suicide prevention programs.

For **every** death by suicide, an estimated **147** people are **affected**, and, among those, **18** experience a major **life disruption**. Given the **8.6 million** suicides from 1992 to 2016, the U.S. is home to more than **5.2 million** suicide **loss** survivors.

On average, someone dies by suicide **every 11.7 minutes** in the United States.

Sources:

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Preventing a Suicide = Saving a Life

According to the American Foundation for Suicide Prevention, suicide is most likely when “stressors and health issues converge to create an experience of hopelessness and despair.” Anxiety and substance misuse increase the risk.

What can you do to intervene?

Know the Warning Signs

Talking about having no reason to live, being a burden to others, feeling trapped, suffering unbearable pain or wanting to kill oneself.

Behaving in concerning ways, including: increasing alcohol or drug use; withdrawing from activities, family and friends; sleeping too much or too little; or showing signs of irritability, aggression, depression, or humiliation.

Get Help

National Suicide Prevention Lifeline:
Call 1-800-273-TALK (8255)
Text *TALK* to 741742

The Lifeline is funded by the federal Substance Abuse and Mental Health Services Administration. All calls are confidential.

Veterans Crisis Line:
Call 1-800-272-8255 (Press 1)
Chat online at www.veteranscrisisline.net
Text at 83825.

The Crisis Line is run by the U.S. Department of Veterans Affairs, but callers do not have to be registered with VA.

Online Resources

American Foundation for Suicide Prevention: www.afsp.org

Education Development Center Suicide Prevention Resource Center:
www.edc.org/suicide-prevention-resource-center-sprc

National Institute of Mental Health:
www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

National Suicide Prevention Lifeline: suicidepreventionlifeline.org

Substance Abuse and Mental Health Services Administration:
www.samhsa.gov/suicide-prevention/publications-resources

Suicide Awareness Voices of Education: www.save.org

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