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The National Institute of Mental Health: https://www.nimh.nih.gov/health/statistics/suicide.shtml

The National Institute of Mental Health: www.nimh.nih.gov

Suicide

If you are in crisis, call the toll-free National Suicide Prevention Lifeline at **1-800-273-TALK** (8255), available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential. http://www.suicidepreventionlifeline.org

Definitions

Suicide is a major public health concern. Suicide is among the leading causes of death in the United States. Based on recent nationwide surveys, suicide in some populations is on the rise.

Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.

A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.

Suicidal ideation refers to thinking about, considering, or planning suicide.

Additional information about suicide can be found on the NIMH health topics page on Suicide Prevention.

Suicide is a Leading Cause of Death in the United States

According to the <u>Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports</u>, in 2016:

Suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people.

Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.

There were more than twice as many suicides (44,965) in the United States as there were homicides (19,362).

Table 1 shows the ten leading causes of death in the United States, and the number of deaths attributed to each cause. Data are shown for all ages and select age groups where suicide was one of the leading ten causes of death in 2016. The data are based on death certificate information compiled by the CDC.

Table 1

		Leadin	_	th in the Unite ourtesy of CDC	d States (2016)	Download	d PDE fineage		
	Select Age Groups								
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages		
1	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Malignant Neoplasms	Malignant Neoplasms	Heart Disease		

	Select Age Groups								
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages		
2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 598,038		
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Unintentional Injury 161,374		
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CLRD 17,810	CLRD 154,596		
5	Congenital Abnormalities 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Cerebro- vascular 142,142		
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Alzheimer's Disease 116,103		
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebrovascular 5,353	Cerebro- vascular 12,310	Diabetes Mellitus 80,058		
8	Cerebro- vascular 50	CLRD 206	Cerebro- vascular 575	Cerebro- vascular 1,851	CLRD 4,307	Suicide 7,759	Influenza & Pneumonia 51,537		
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 50,046		
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Suicide 44,965		

CLRD: Chronic Lower Respiratory Disease

Suicide Rates

Data in Figure 1, Figure 2, and Figure 3 are courtesy of the CDC Fatal Injury Data Visualization.

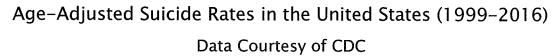
Trends over Time

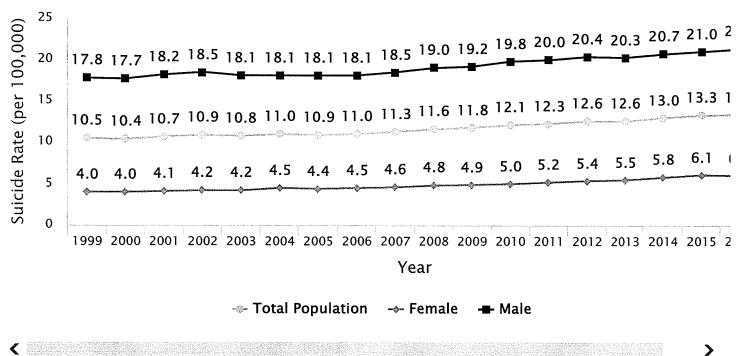
Suicide rate is based on the number of people who have died by suicide per 100,000 population. Because changes in population size are taken into account, rates allow for comparisons from one year to the next. Figure 1 shows the age-adjusted suicide rates in the United States for each year from 1999 through 2016 for the total population, and for males and females presented separately.

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During that 17-year period, the total suicide rate increased 28% from 10.5 to 13.4 per 100,000. The suicide rate among males remained nearly four times higher (21.3 per 100,000 in 2016) than among females (6.0 per 100,000 in 2016).

Figure 1





Demographics

Because suicide rates take population size into account, they can be a useful tool for understanding the relative proportion of people affected within different demographic groups.

Figure 2 shows the rates of suicide within sex and age categories in 2016.

Among females, the suicide rate was highest for those aged 45-54 (10.3 per 100,000). Among males, the suicide rate was highest for those aged 65 and older (32.3 per 100,000).

Figure 2

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Suicide Rates for Males and Females by Age in the United States (2016)

Data Courtesy of CDC

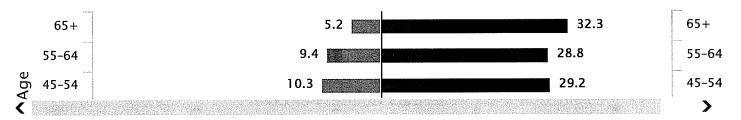
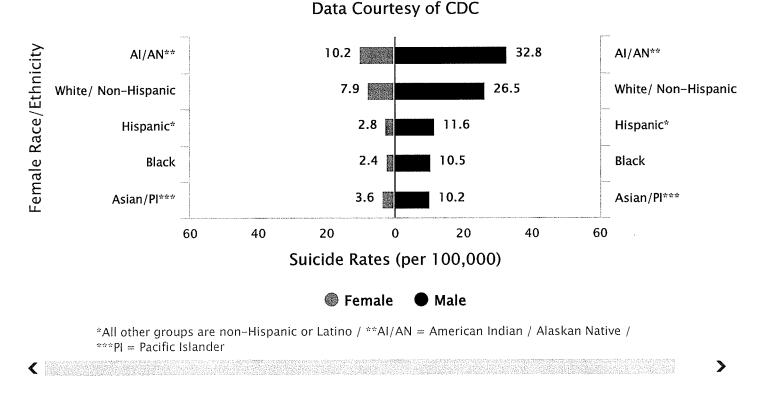


Figure 3 shows the rates of suicide for race/ethnicity groups in 2016. The rates of suicide were highest for males (32.8 per 100,000) and females (10.2 per 100,000) in the American Indian/Alaska Native group, followed by males (26.5 per 100,000) and females (7.9 per 100,000) in the White/non-Hispanic group.

Suicide Rates for Males and Females by Race/Ethnicity in the United States (2016



Suicide Rates by State

Suicide rates are not the same from state to state. Based on data from the <u>CDC WISQARS Fatal Injury Mapping tool</u>, Figure 4 shows a map of the United States with each state's age-adjusted average suicide rate from 2008 to 2014 indicated by color.

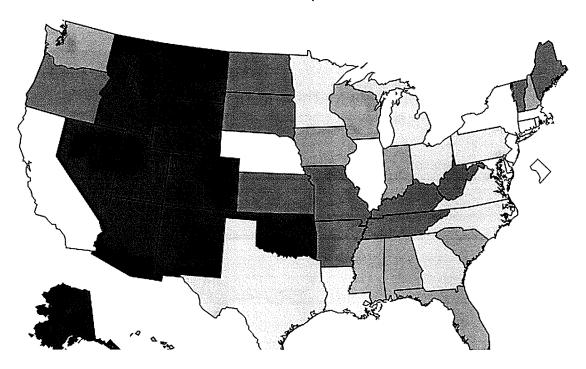
Figure 4

Figure 3

Suicide Rates in the United States (by state; per 100,000; average 2008-2014)



Data Courtesy of CDC



Suicide by Method

Data in Table 2 and Figure 5 are courtesy of the CDC WISQARS Leading Causes of Death Reports.

Number of Suicide Deaths by Method

Table 2 includes information on the total number of suicides for the most common methods. In 2016, firearms were the most common method used in suicide deaths in the United States, accounting for almost half of all suicide deaths (22,963).

Table 2

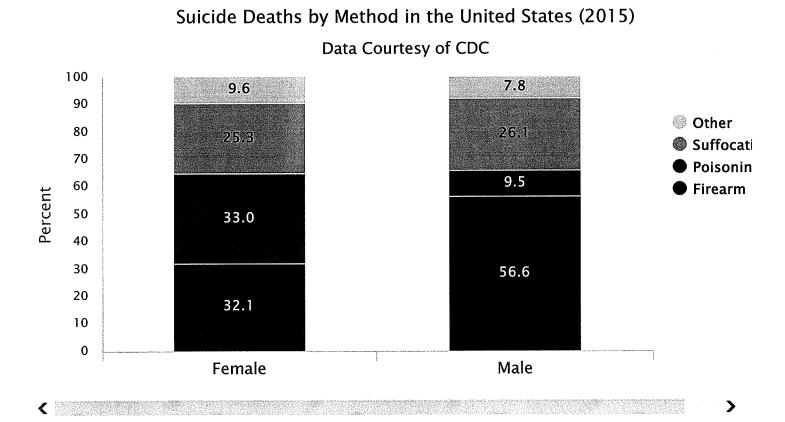
Suicide by Method (2016) Data Courtesy of CDC				
Suicide Method	Number of Death			
Total	44,965			
Firearm	22,963			
Suffocation	11,642			
Poisoning	6,698			
Other	3,662			

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Percent of Suicide Deaths by Method

Figure 5 shows the percentages of suicide deaths by method among males and females in 2016. Among males, the most common method of suicide was firearm (56.6%). Among females, the most common methods of suicide were poisoning (33.0%) and firearm (32.1%).

Figure 5



Cost of Suicide Deaths

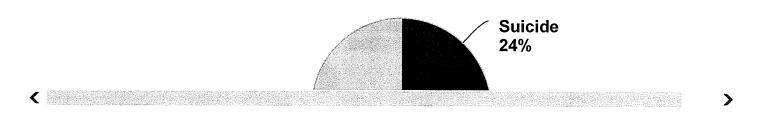
In addition to the emotional loss associated with suicide, there is also an economic loss as the burden of suicide falls most heavily on adults of working age.

Figure 6 shows data from a <u>2013 CDC report</u> on the medical and work-loss costs of fatal injury by intent in the United States.

Suicide accounted for \$50.8 billion (24%) of the fatal injury cost.

Figure 6

Medical and Work Lost Costs of Injury by Intent in the United States (2013) Data Courtesy of CDC



Suicidal Thoughts and Behaviors Among U.S. Adults

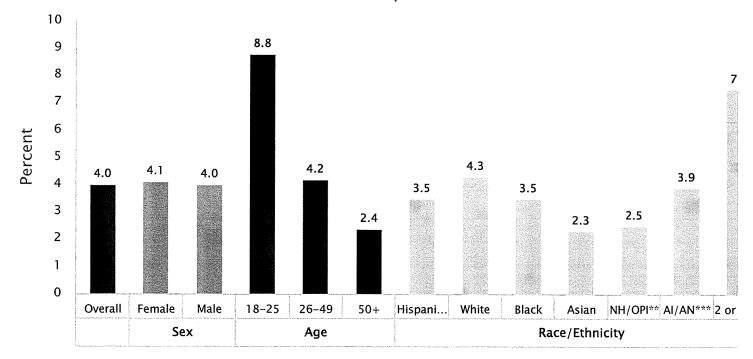
Data in Figure 7, Figure 8, and Figure 9 are based on data from the 2016 National Survey on Drug Use and Health (NSDUH)¹ by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Figure 7 shows that 4.0% of adults age 18 and older in the United States had thoughts about suicide in 2016. The percentage of adults having serious thoughts of suicide was highest among adults aged 18-25 (8.8%).

The prevalence of suicidal thoughts was highest among adults reporting two or more races (7.5%).

Figure 7

Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2016) Data Courtesy of SAMHSA

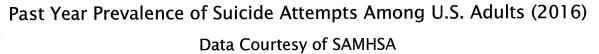


*All other groups are non-Hispanic or Latino / **NH/OPI = Native Hawaiian / Other Pacific Islander / ***Al/AN = American Indian / Alaskan Native

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Figure 8 shows that 0.5% of adults age 18 and older in the United States attempted suicide in 2016. The percentage of adults that attempted suicide was highest among adults aged 18-25 (1.8%). The prevalence of suicide attempts was highest among adults reporting two or more races (0.8%).

Figure 8



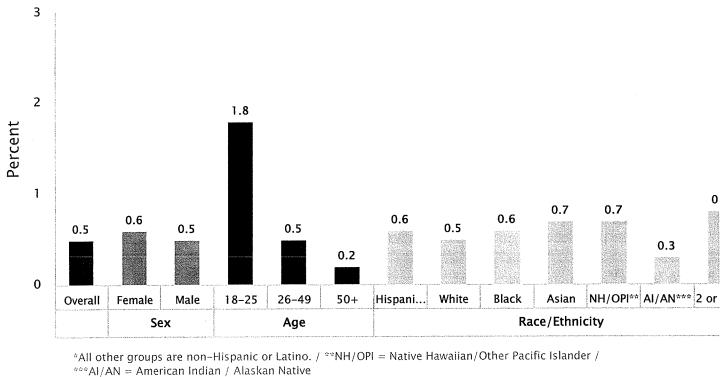


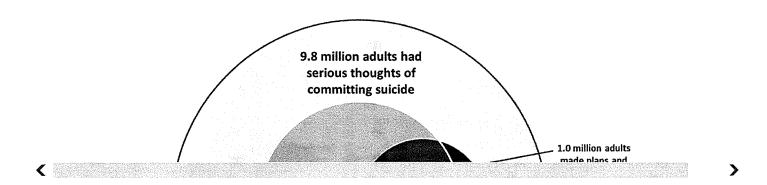
Figure 9 shows that in 2016, 9.8 million adults aged 18 or older reported having serious thoughts about trying to kill themselves, and 1.3 million adults attempted suicide during the past year. Among those adults who attempted suicide, 1.0 million also reported making suicide plans.

Figure 9

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Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2016) Data Courtesy of SAMHSA



Data Sources

Statistical Methods and Measurement Caveats

National Survey on Drug Use and Health (NSDUH)

Population:

The survey participants are from a civilian, non-institutionalized population aged 18 years old or older residing within the United States. NSDUH does not ask adolescents aged 12 to 17 about suicidal thoughts and behavior.

The survey covers residents of households (persons living in houses/townhouses, apartments, condominiums; civilians living in housing on military bases, etc.) and persons in non-institutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses).

The survey does not cover persons who, for the entire year, had no fixed address (e.g., homeless and/or transient persons not in shelters); were on active military duty; or who resided in institutional group quarters (e.g., correctional facilities, nursing homes, mental institutions, long-term hospitals).

Survey Non-response:

In 2016, 31.6% of the NSDUH adult sample did not complete the interview.

Reasons for non-response to interviewing include: refusal to participate (22.2%); respondent unavailable or never at home (4.5%); and various other reasons, such as physical/mental incompetence or language barriers (4.6%).

People with suicidal behavior may disproportionately fall into these non-response categories. While NSDUH weighting includes non-response adjustments to reduce bias, these adjustments may not fully account for differential non-response by suicide behavior status.

Please see the <u>2016 National Survey on Drug Use and Health Methodological Summary and Definitions</u> report for further information on how these data were collected and calculated.

If You are in Crisis

If you are in crisis, call the toll-free <u>National Suicide Prevention Lifeline</u> (NSPL) at <u>1-800-273-TALK (8255)</u>, available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential.





Additional Resources

National Suicide Prevention Lifeline

Veterans Crisis Line

National Action Alliance for Suicide Prevention

National Library of Medicine - Suicide

National Strategy for Suicide Prevention

NIMH Multimedia on Suicide Prevention

NIMH Suicide Prevention

Take 5 To Save Lives

StopBullying.gov

Last Updated: May 2018

STATISTICS HOME