

CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
SUICIDE: FACT SHEET

Occurrence

- Most popular press articles suggest a link between the winter holidays and suicides (Annenberg Public Policy Center of the University of Pennsylvania 2003). However, this claim is just a myth. In fact, suicide rates in the United States are lowest in the winter and highest in the spring (CDC 1985, McCleary et al. 1991, Warren et al. 1983).
- Suicide took the lives of 30,622 people in 2001 (CDC 2004).
- Suicide rates are generally higher than the national average in the western states and lower in the eastern and midwestern states (CDC 1997).
- In 2002, 132,353 individuals were hospitalized following suicide attempts; 116,639 were treated in emergency departments and released (CDC 2004).
- In 2001, 55% of suicides were committed with a firearm (Anderson and Smith 2003).

Groups At Risk

Males

- Suicide is the eighth leading cause of death for all U.S. men (Anderson and Smith 2003).
- Males are four times more likely to die from suicide than females (CDC 2004).
- Suicide rates are highest among Whites and second highest among American Indian and Native Alaskan men (CDC 2004).
- Of the 24,672 suicide deaths reported among men in 2001, 60% involved the use of a firearm (Anderson and Smith 2003).

Females

- Women report attempting suicide during their lifetime about three times as often as men (Krug et al. 2002).

Youth

The overall rate of suicide among youth has declined slowly since 1992 (Lubell, Swahn, Crosby, and Kegler 2004). However, rates remain unacceptably high. Adolescents and young adults often experience stress, confusion, and depression from situations occurring in their families, schools, and communities. Such feelings can overwhelm young people and lead them to consider suicide as a "solution." Few schools and communities have suicide prevention plans that include screening, referral, and crisis intervention programs for youth.

- Suicide is the third leading cause of death among young people ages 15 to 24. In 2001, 3,971 suicides were reported in this group (Anderson and Smith 2003).
- Of the total number of suicides among ages 15 to 24 in 2001, 86% (n=3,409) were male and 14% (n=562) were female (Anderson and Smith 2003).
- American Indian and Alaskan Natives have the highest rate of suicide in the 15 to 24 age group (CDC 2004).
- In 2001, firearms were used in 54% of youth suicides (Anderson and Smith 2003).

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The Elderly

Suicide rates increase with age and are very high among those 65 years and older. Most elderly suicide victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression (DHHS 1999). Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed (DHHS 1999; Carney et al. 1994; Dorpat et al. 1968).

- In 2001, 5,393 Americans over age 65 committed suicide. Of those, 85% (n=4,589) were men and 15% (n=804) were women (CDC 2004).
- Firearms were used in 73% of suicides committed by adults over the age of 65 in 2001 (CDC 2004).

Risk Factors

The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that persons will harm themselves. However, risk factors are not necessarily causes. Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Protective Factors

Protective factors buffer people from the risks associated with suicide. A number of protective factors have been identified (DHHS 1999):

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

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