Preventing suicide is everyone’s business. As members of a family, a school, business, neighborhood, faith communities, friends, and our government, we all need to work together to solve this problem. I ask everyone to help by learning about the symptoms of mental illnesses and substance abuse, the warning signs of suicide, how to stand with and support someone who is in crisis, and how to get someone you care about the help they need.

Surgeon General Dr. Regina Benjamin

Suicidal Thoughts and Behavior Among Adults Aged 18 or Older

- 8.7 Million Reported having serious thoughts about suicide
- 2.5 Million Made Suicide Plans
- 1.0 Million Made Plans and Attempted Suicide
- 1.1 Million Attempted Suicide
- 0.1 Million Made No Plans and Attempted Suicide

Every 15 minutes a person dies by suicide in the US

Suicide is the 2nd leading cause of death in children; the 3rd leading cause of death in youth 15-19; and the 4th leading cause of death for adults 18-65 in the US
Among the 1.1 million adults who attempted suicide in the past year, 752,000 (67.2%) received medical attention for their suicide attempt in the past year, and 572,000 (51.1%) stayed overnight or longer in a hospital as a result of their suicide attempt in the past year.

**Suicide Rates by Age, Race and Gender**

Adults in 2010 who were unemployed in the past year were more likely than those who were employed full time to have serious thoughts of suicide (6.7 vs. 3.6%), make suicide plans (2.6 vs. 0.6%), and attempt suicide (0.9 vs. 0.2%).

Compared with adults with private health insurance, adults with Medicaid, or CHIP had higher rates of serious thoughts of suicide (6.7 vs. 3.1%), making suicide plans (2.9 vs. 0.8%), and attempting suicide (1.6 vs. 0.4%).

**Suicide is the 2nd most common cause of death in the U.S. military**

The 154 suicides for active-duty troops in the first 156 days of 2012 outdistanced the U.S. forces killed in action in Afghanistan by about 50 percent.

Lesbian, gay, bisexual and trans youth are **4 times more** likely, and questioning youth are **3 times more** likely, to attempt suicide as their non-LGBT peers.
1 out of 6 students nationwide (grades 9-12) seriously considered suicide in the past year.

700,000 ER VISITS

2 million adolescents attempt suicide annually, resulting in 700,000 ER visits.

Among college students there are a reported 1,100 suicides per year and 50% of college students report suicidal ideation at some time in life.

50% of college students report suicidal thought.

Worldwide, suicide accounts for $26.7 billion in combined medical and work-loss damages yearly and a majority of violence-related injury deaths (64%).

There are 25 attempts for every death by suicide for the nation; 100-200:1 for the young; 4:1 for the elderly [http://www.suicidology.org/stats-and-tools/suicide-statistics]

SUICIDE RATES PER 100,000 POPULATION BY COUNTY, UNITED STATES 2009–2006

- Suppressed/undefined
- 4.65–10.14
- 10.15–11.23
- 11.24–12.26
- 12.29–13.64
- 13.65–15.61
- 15.62–71.88
RISK FACTORS FOR SUICIDE

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt
- Family history of suicide
- Job or financial loss
- Loss of relationship
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Under-treatment of mental illness is pervasive — 50-75% of those in need receive no treatment or inadequate treatment; 50-75% of children with depression go undiagnosed and untreated

ARE SOME AT GREATER RISK THAN OTHERS?

Of every 100,000 people in each of the following ethnic/racial groups below, the following number died by suicide in 2007.
THOSE AT HIGHER RISK NEED FOCUSED INTERVENTION

White Males 65+
3-4x

Veterans/Military
2-4x

Alaskan Natives/ American Indians
2-4x

Lesbian, Gay, Bisexual, Transgender (LGBT) Youth
2-3x

Individuals with Serious Mental Illness (SMI)
6-12x

Rates greater than general population

WHEN TO CALL A SUICIDE PREVENTION LIFELINE

☑ Feeling like you want to die or to kill yourself.
☑ Feeling trapped or like you cannot handle the pain.
☑ Feeling hopeless or like you have no reason to live.
☑ Looking for a way to kill yourself, such as searching for methods online or buying a gun.
☑ Feeling like you can’t talk to anyone and would rather be alone.
☑ Drinking more alcohol and using drugs.
☑ Feeling like you are a burden to others.
☑ Sleeping too little or too much.
☑ Feeling anxious or agitated.
☑ Wanting to seek revenge.
☑ Having extreme mood swings.
Nearly one-half of the people who die by suicide have seen a primary care physician within a month of death. Primary care visits may represent an important opportunity for suicide prevention.

**PROTECTIVE FACTORS FOR SUICIDE**

- Restricted access to highly lethal means of suicide
- Easy access to a variety of clinical interventions
- Effective clinical care for mental, physical and substance use disorders
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

For more information, interviews, and research on suicide check out the National Council’s magazine edition on the topic

**SOURCES**

- [SAMHSA.gov](https://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHFresults.htm?2.3)
- [suicidepreventionlifeline.org/Learn/RiskFactors](https://suicidepreventionlifeline.org/Learn/RiskFactors)