

Suicide Prevention

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Suicide is a major public health concern

40,000 die in the U.S. each year
by suicide

Tenth Leading Cause of Death

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,758	Unintentional Injury 1,316	Unintentional Injury 746	Unintentional Injury 775	Unintentional Injury 11,619	Unintentional Injury 16,209	Unintentional Injury 15,354	Malignant Neoplasms 46,185	Malignant Neoplasms 113,324	Heart Disease 488,156	Heart Disease 611,105
2	Short Gestation 4,202	Congenital Anomalies 476	Malignant Neoplasms 447	Malignant Neoplasms 448	Suicide 4,878	Suicide 6,348	Malignant Neoplasms 11,349	Heart Disease 35,167	Heart Disease 72,568	Malignant Neoplasms 407,558	Malignant Neoplasms 584,881
3	Maternal Pregnancy Comp. 1,595	Homicide 337	Congenital Anomalies 179	Suicide 386	Homicide 4,329	Homicide 4,236	Heart Disease 10,341	Unintentional Injury 20,357	Unintentional Injury 17,057	Chronic Low. Respiratory Disease 127,194	Chronic Low. Respiratory Disease 149,205
4	SIDS 1,563	Malignant Neoplasms 328	Homicide 125	Congenital Anomalies 161	Malignant Neoplasms 1,496	Malignant Neoplasms 3,673	Suicide 6,551	Liver Disease 8,785	Chronic Low. Respiratory Disease 15,942	Cerebro-vascular 109,602	Unintentional Injury 130,557
5	Unintentional Injury 1,156	Heart Disease 169	Chronic Low. Respiratory Disease 75	Homicide 152	Heart Disease 941	Heart Disease 3,258	Homicide 2,581	Suicide 8,621	Diabetes Mellitus 13,061	Alzheimer's Disease 83,786	Cerebro-vascular 128,978
6	Placenta Cord. Membranes 953	Influenza & Pneumonia 102	Heart Disease 73	Heart Disease 100	Congenital Anomalies 362	Diabetes Mellitus 684	Liver Disease 2,491	Diabetes Mellitus 5,899	Liver Disease 11,951	Diabetes Mellitus 53,751	Alzheimer's Disease 84,767
7	Bacterial Sepsis 578	Chronic Low. Respiratory Disease 64	Influenza & Pneumonia 67	Chronic Low Respiratory Disease 80	Influenza & Pneumonia 197	Liver Disease 676	Diabetes Mellitus 1,952	Cerebro-vascular 5,425	Cerebro-vascular 11,364	Influenza & Pneumonia 48,031	Diabetes Mellitus 75,578
8	Respiratory Distress 522	Septicemia 53	Cerebro-vascular 41	Influenza & Pneumonia 61	Diabetes Mellitus 193	HIV 631	Cerebro-vascular 1,687	Chronic Low. Respiratory Disease 4,619	Suicide 7,135	Unintentional Injury 45,942	Influenza & Pneumonia 56,979
9	Circulatory System Disease 458	Benign Neoplasms 47	Septicemia 35	Cerebro-Vascular 48	Complicated Pregnancy 178	Cerebro-vascular 508	HIV 1,246	Septicemia 2,445	Septicemia 5,345	Nephritis 39,080	Nephritis 47,112
10	Neonatal Hemorrhage 389	Perinatal Period 45	Benign Neoplasms 34	Benign Neoplasms 31	Chronic Low. Respiratory Disease 155	Influenza & Pneumonia 449	Influenza & Pneumonia 881	HIV 2,378	Nephritis 4,947	Septicemia 28,815	Suicide 41,149

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention
National Center for Injury

Causes of Death

Signs and Symptoms

Behaviors May Be Signs

**Talking about wanting
do die or kill themselves.**

**Talking
about feeling
empty,
hopeless,
or having no
reason to
live.**

**Making a plan onlooking for a way
to kill themselves, such as
searching online, stockpiling pills,
or buying a gun.**

Talking about great guilt or shame.

**Talking about feeling trapped
or feeling there are no solutions**

**Feeling unbearable pain
(emotional or physical)**

**Talking about being
a burden to others.**

**Using alcohol or
drugs more often.**

**Acting anxious
or agitated.**

**Withdrawing from
family and friends.**

**Changing eating or
sleeping habits.**

**Showing rage or talking
about seeking
Revenge.**

**Taking great risks
that could lead to death
such as driving extremely fast.**

Displaying extreme mood swings.

**Suddenly changing from
very sad to very calm or happy.**

**Talking or thinking
about death often.**

**Giving away
important possessions.**

**Saying goodbye
to friends and family.**

Putting affairs in order.

Making a will.

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

One source is the National Suicide Prevention Hotline

**1-800-273-8255
if hard of hearing:
TTY 1-800-799-4889**

Risk Factors

**Suicide does not discriminate.
People of all genders, ages,
and ethnicities can be at risk.**

**Suicide is complex.
There is no single cause.**

**Many different factors
contribute to someone
making a suicide attempt.**

**Most people at risk
tend share certain
characteristics.**

The main risk factors:

**Depression, other mental
health disorders, or
substance use disorder**

**Certain mental
conditions**

Chronic Pain

**A prior suicide
attempt.**

**Family history of mental
disorder or substance
abuse.**

**Having guns or other
firearms in the home.**

**Having recently been
released from prison or
jail.**

Being exposed to others suicidal behavior, such as that of family members, peers, or celebrities.

**Many people have some of the risk factors
but do not attempt suicide.**

**It is important to note that suicide is not a
normal reaction to stress.**

Suicidal thoughts or actions are a sign of extreme distress, not a harmless bid for attention, and should not be ignored.

Family or friends may often be the first to recognize the signs of suicide and can be the first step toward helping an at risk individual find treatment with someone who specializes in diagnosing and treating mental health conditions.

**Those resources for
help are:**

**National Suicide
Prevention Hotline.
800-273-8225**

The confidential phone call goes to the nearest crisis center in the Lifeline national network.

These centers provide crisis counseling and mental health referrals.

If the situation is potentially life-threatening, call 911 or go to a hospital emergency room.

**For general information on mental health and to
locate treatment services in your area, call the
Substance Abuse and Mental Health Services
Administration
(SAMHSA)
800-662-4357**

**Behavior Health
Treatment Locator
on SAMHSA**

Do gender and age matter?

**Men are more likely to die from suicide.
Women will attempt suicide more often.**

Men are more likely to use deadlier methods, guns, suffocation.

Women are more likely to attempt suicide by poisoning.

CDC shows

women prime range for suicide is 45 to 64

men have the highest rate at 75 +

**Children and young
adults at high risk**

**Suicide is the second leading
cause of death for young people
ages 15-34**

Race/ethnic group?

**American Indian and Alaska
Natives have the highest rate**

**African Americans
have the lowest suicide rate**

**Hispanics have the
second lowest suicide rate.**

Treatments and Therapies

Give it some thought

Multiple risk factors

**Can vary with age, gender, physical,
and mental well being
and individual experiences**

**NIMH has focused research
on strategies that have worked well
for mental health conditions
related to suicide such as depression and anxiety.**

Psychotherapies

Multiple types of psychosocial interventions have been found to be beneficial for individuals who have attempted suicide.

Talk Therapy is a psychosocial intervention

Cognitive Behavioral Therapy

CBT

**Learn new ways of dealing
with stressful experiences
through training.**

**Recognize own thought patterns
and consider alternative actions to suicide
when thoughts of suicide arise.**

Dialectical Behavior Therapy (DBT)

Helps those with borderline personality disorder, a serious mental illness.

Characterized by:

**unstable moods, relationships, self-image,
and behavior.**

**Recognize when feelings or actions
are disruptive or unhealthy
then learn to cope, by learning the skills
needed to deal better with upsetting situations.**

<https://www.nimh.nih.gov/health/find-help/index.shtml>

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800-273-8255**

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Medication

**Some individuals at risk for suicide
might benefit from medication.**

**Doctors and patients can work together
to find the best medication or medication combination,
as well as the right dose**

Clozapine

An antipsychotic medication used primarily to treat individuals with schizophrenia.

It is the only medication with a specific U.S. Food and Drug Administration (FDA) indication for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder who are at risk for ongoing suicidal behavior.

Because many individuals at risk for suicide often have psychiatric and substance use problems, individuals might benefit from medication along with psychosocial intervention.

If you are prescribed a medication Be sure you

Talk with your doctor or a pharmacist to make sure you understand the risks and benefits of the medications you are taking.

Do not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to rebound or worsening of symptoms. Other uncomfortable or potentially dangerous withdrawal effects also are possible.

Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication.

Report Serious Side Effects

To

**the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting
program online or by phone at 1-800-332-1088**

The doctor or patient may submit a report

Other medications have been used to treat suicidal thoughts and behaviors but more research is needed to show the benefit for these options.

For basic information about these medications, you can visit

NIMH Mental Health Medications webpage.

For the most up-to-date information on medications, side effects, and warnings, visit

www.FDA.gov

Ongoing Research

In order to know who is most at risk and to prevent suicide, scientists need understand the role of long-term factors (such as childhood experiences) as well as more immediate factors like mental health and recent life events.

Researchers also are looking at how genes can either increase risk or make someone more seillient to loss and hardships.

Recent findings from NIMH funded research are listed in the RESEARCH AND STATICS section

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Recent findings from NIMH funded research are listed in the *Research and Statistics* section below but NIMH also is funding a number of [ongoing studies](#) related to suicide.

Learn More

Free eBooks and Brochures

- [Suicide: A Major, Preventable Mental Health Problem](#), this fact sheet answers some common questions about suicide and suicide prevention among teens and young adults.
- [Suicide in America: Frequently Asked Questions](#), this brochure covers suicide risk in people of all genders and age groups.
- [Understanding Suicide](#), a fact sheet from the Centers for Disease Control and Prevention

Federal Resources

- [How to Help Someone Thinking of Suicide](#): this information from the U.S. National Library of Medicine is available in English, Arabic, Burmese, French, Hakha Chin, Karen, Nepali, and Swahili
- [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#): A resource for communities and states from the Centers for Disease Control and Prevention
- [MedlinePlus](#), information from the National Library of Medicine
- [Mindfulness Meditation May Reduce Risk of Suicidal Thoughts in Middle Schoolers](#), results from a recent study by the National Center for Complementary and Integrative Health
- [National Action Alliance for Suicide Prevention](#), a public-private partnership advancing the national strategy for suicide prevention
- [National Strategy for Suicide Prevention: Goals and Objectives for Action, 2012](#)
- App: [Virtual Hope Box](#). This free mobile app was developed by the Department of Defense for patients working with a behavioral health provider. The highly personalized content is available to support users any time they have access to their mobile devices.
- [#BeThe1To](#) is the National Suicide Prevention Lifeline's message for National Suicide Prevention Month.
- [Ask Suicide-Screening Questions \(ASQ\)](#), a free resource for medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide.

Multimedia

- Listen: [Podcast on Childhood Suicide and Keeping Kids Safe Online](#)
- Listen: [Podcast on Warning Signs for Childhood Suicide](#)
- Watch: [Suicide Prevention and Research](#): Dr. Jane Pearson talks about warning signs as well as progress in suicide prevention.
- Watch: [Suicide Prevention Research](#): Dr. Douglas Meinecke talks about critical suicide prevention research.
- Watch: [Reaching Older Adults](#): Dr. Jo Anne Sirey talks about seniors, depression, and services.
- Watch: [Men in the Middle Years](#): Psychiatrist Jeffrey Sung talks to clinicians and researchers about this at-risk population.

Contact Us

For all mental health-related questions, requests for copies of publications, and inquiries concerning NIMH research, policies, and priorities, please contact a health information specialist at the NIMH Information Resource Center using the contact information provided below

Telephone

1-866-615-6464 (toll-free)

1-301-443-8431 (TTY)

1-866-415-8051 (TTY toll-free)

Available in English and Spanish

Monday through Friday

8:30 a.m. to 5:00 p.m. ET

Live Online Chat

[Live Help](#)

Suicide Prevention Lifeline

1-800-273-8255

suicidepreventionlifeline.org