The Substance Abuse and Mental Health Services Administration (SAMHSA): is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Address: 5600 Fishers Ln Rockville, MD 20857
Telephone: (1-877) 726-4727
Website: SAMHSA.gov

American Association of Suicidology (AAS): AAS is an organization of professionals dedicated to the study of the causes and prevention of suicide. AAS maintains a database of survivor groups around the country, (www.suicidology.org)

Address: 5221 Wisconsin Avenue, NW | Washington, DC 20015
Telephone: (202)237-2280
Website: http://www.suicidology.org/

American Foundation for Suicide Prevention (AFSP): AFSP is a nonprofit foundation that supports research and education into the causes and prevention of suicide, provides information and support to suicide survivors. AFSP maintains a database of survivor support groups.

Telephone: (888) 333-2377
Website: https://afsp.org

Suicide Information and Education Centre (SIEC): SIEC is the largest database and library of information related to suicide in the world. (www.siec.ca)

Telephone: (403) 245-3900

Suicide Prevention Advocacy Network USA (SPAN USA): SPAN is a political advocacy group comprised of survivors, professional, and political leaders.

Address: 4034 Odins Way, Marietta, GA 30068
Telephone: (888) 649-1366

Suicide Prevention Resource Center (SPRC): SPRC provides technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. We promote collaboration among a variety of organizations in the field of suicide prevention.

Address: 43 Foundry Avenue Waltham, MA 02453-8313
Telephone: 877-GET-SPRC (438-7772)
Website: SPRC.org
New York State Office of Mental Health: New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health (OMH) operates psychiatric centers across the State, and also regulates, certifies and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family care programs.

  Address: 44 Holland Avenue Albany, NY 12229
  Telephone: 1-800-597-8481
  Website: https://www.omh.ny.gov/omhweb/about/

Preventionsuicideny.org- Resource Information Education

Preventionsuicideli.org- Resource Information Education

Society for Prevention of Teen Suicide (SPTS): The mission of the Society for the Prevention of Teen Suicide is to reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs.

  Address: 110 West Main Street Freehold, NJ 07728
  Telephone: (732) 410-7900
  Website: http://www.sptsusa.org/

National Life Line: 1(800) 273- TALK

Center of Disease Control and Prevention (CDCP): is a public domain Web site, which means you may link to CDC.gov at no cost and without specific permission. CDC.gov provides direct access to important health and safety topics, scientific articles, data and statistics, tools and resources

  • Youth Risk Behavior Surveillance System (YRBSS): monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults (https://www.cdc.gov/healthyyouth/data/yrbs/index.htm)

  Address: 1600 Clifton Road Atlanta, GA 30329-4027 USA
  Telephone: 800-232-4636
  Website: https://www.cdc.gov/

Dr. Banilivy:
Telephone: (631) 920-8039
Email: max.banilivy@welllifenetwork.org
Suicide

Facts at a Glance

Suicide

- Suicide was the tenth leading cause of death for all ages in 2013.¹
- There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100,000 is equal to 113 suicides each day or one every 13 minutes.¹
- Based on data about suicides in 16 National Violent Death Reporting System states in 2010, 33.4% of suicide decedents tested positive for alcohol, 23.8% for antidepressants, and 20.0% for opiates, including heroin and prescription pain killers.²
- Suicide results in an estimated $51 billion in combined medical and work loss costs.¹

Nonfatal Suicidal Thoughts and Behavior

- Among adults aged ≥18 years in the United States during 2013:³
  - An estimated 9.3 million adults (3.9% of the adult U.S. population) reported having suicidal thoughts in the past year.
  - The percentage of adults having serious thoughts about suicide was highest among adults aged 18 to 25 (7.4%), followed by adults aged 26 to 49 (4.0%), then by adults aged 50 or older (2.7%).
  - An estimated 2.7 million people (1.1%) made a plan about how they would attempt suicide in the past year.
  - The percentage of adults who made a suicide plan in the past year was higher among adults aged 18 to 25 (2.5%) than among adults aged 26 to 49 (1.35%) and those aged 50 or older (0.6%).
  - An estimated 1.3 million adults aged 18 or older (0.6%) attempted suicide in the past year. Among these adults who attempted suicide, 1.1 million also reported making suicide plans (0.2 million did not make suicide plans).

- Among students in grades 9-12 in the U.S. during 2013:⁴
  - 17.0% of students seriously considered attempting suicide in the previous 12 months (22.4% of females and 11.6% of males).
  - 13.6% of students made a plan about how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).
  - 8.0% of students attempted suicide one or more times in the previous 12 months (10.6% of females and 5.4% of males).
  - 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (3.6% of females and 1.8% of males).

Gender Disparities

- Males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides.¹
- Females are more likely than males to have suicidal thoughts.³
- Suicide is the seventh leading cause of death for males and the fourteenth leading cause for females.³
- Firearms are the most commonly used method of suicide among males (56.9%).¹
- Poisoning is the most common method of suicide for females (34.8%).¹
Suicide Facts at a Glance 2015

Racial and Ethnic Disparities

- Suicide is the eighth leading cause of death among American Indians/Alaska Natives across all ages.¹
- Among American Indians/Alaska Natives aged 10 to 34 years, suicide is the second leading cause of death.¹
- The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).¹
- The percentages of adults aged 18 or older having suicidal thoughts in the previous 12 months were 2.9% among blacks, 3.3% among Asians, 3.6% among Hispanics, 4.1% among whites, 4.6% among Native Hawaiians/Other Pacific Islanders, 4.8% among American Indians/Alaska Natives, and 7.9% among adults reporting two or more races.³
- Among Hispanic students in grades 9-12, the prevalence of having seriously considered attempting suicide (19.9%), having made a plan about how they would attempt suicide (15.7%), having attempted suicide (11.3%), and having made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention (4.1%) was consistently higher than white and black students.⁴

Age Group Differences

- Suicide is the third leading cause of death among persons aged 10-14, the second among persons aged 15-34 years, the fourth among persons aged 35-44 years, the fifth among persons aged 45-54 years, the eighth among person 55-64 years, and the seventeenth among persons 65 years and older.¹
- In 2011, middle-aged adults accounted for the largest proportion of suicides (56%)¹, and from 1999-2010, the suicide rate among this group increased by nearly 30%.⁵
- Among adults aged 18-22 years, similar percentages of full-time college students and other adults in this age group had suicidal thoughts (8.0 and 8.7%, respectively) or made suicide plans (2.4 and 3.1%).³
- Full-time college students aged 18-22 years were less likely to attempt suicide (0.9 vs. 1.9 percent) or receive medical attention as a result of a suicide attempt in the previous 12 months (0.3 vs. 0.7%).³

Nonfatal, Self-Inflicted Injuries*

- In 2013, 494,169 people were treated in emergency departments for self-inflicted injuries.¹
- Nonfatal, self-inflicted injuries (including hospitalized and emergency department treated and released) resulted in an estimated $10.4 billion in combined medical and work loss costs.¹

References


*The term “self-inflicted injuries” refers to suicidal and non-suicidal behaviors such as self-mutilation.

1-800-CDC-INFO (232-4636) • www.cdc.gov/violenceprevention
Suicide Statistics

While this data is the most accurate we have, we estimate the numbers to be higher. Stigma surrounding suicide leads to underreporting, and data collection methods critical to suicide prevention need to be improved. Learn how you can become an advocate.

Suicide is the 10th leading cause of death in the US

Each year 44,965 Americans die by suicide

For every suicide 25 attempt

Suicide costs the US $51 Billion annually

https://afsp.org/about-suicide/suicide-statistics/
Additional Facts About Suicide in the US

- The annual age-adjusted suicide rate is 13.5 per 100,000 individuals.
- Men die by suicide 3.57x more often than women.
- On average, there are 123 suicides per day.
- White males accounted for 7 of 10 suicides in 2016.
- Firearms account for 51% of all suicides.
- The rate of suicide is highest in middle age – white men in particular.

Please click on a state or states below to view state and national data. To remove a state from your selection click on the state or use the "Clear Selection" button to remove all states.

Suicide Rates by Age

In 2016, the highest suicide rate (19.7) was among adults between 45 and 54 years of age. The second highest rate (19.0) occurred in those 85 years

https://afsp.org/about-suicide/suicide-statistics/
or older. Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2016, adolescents and young adults aged 15 to 24 had a suicide rate of 12.5.

Suicide Rates by Age from 2000 to 2016

Suicide Rates by Race/Ethnicity

In 2016, the highest U.S. suicide rate (15.2) was among Whites and the second highest rate (13.5) was among American Indians and Alaska Natives (Figure 5). Much lower and roughly similar rates were found among Asians and Pacific Islanders (6.7), and Black or African Americans (6.1).

Note that the CDC records Hispanic origin separately from the primary racial or ethnic groups of White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander, since individuals in all of these groups may also be Hispanic.

Suicide Rates by Ethnicity from 2000 to 2016
Suicide Methods

In 2016, firearms were the most common method of death by suicide, accounting for a little more than half (51.0%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 25.9% and poisoning at 14.9%.

Suicide Deaths by Method, 2016

- Firearm: 51.0%
- Suffocation: 25.9%
- Poisoning: 14.9%
- Other: 8.2%

Suicide Attempts

No complete count is kept of suicide attempts in the U.S.; however, each year the CDC gathers data from hospitals on non-fatal injuries from self-harm.

494,169 people visited a hospital for injuries due to self-harm. This number suggests that approximately 12 people harm themselves for every reported death by suicide. However, because of the way these data are collected, we are not able to distinguish intentional suicide attempts from non-intentional self-harm behaviors.

Many suicide attempts, however, go unreported or untreated. Surveys suggest that at least one million people in the U.S. each year engage in intentionally inflicted self-harm.

Females attempt suicide twice as often as males. As with suicide deaths, rates of attempted suicide vary considerably among demographic groups. Males are 4 times more likely than females to die by suicide. The ratio of
suicide attempts to suicide death in youth is estimated to be about 25:1, compared to about 4:1 in the elderly.

AFSP's latest data on suicide are taken from the Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2016. Suicide rates listed are Age-Adjusted Rates.

If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741.

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